

RN

SEPTEMBER 1958

GLAUCOMA: Silent Thief of Sight

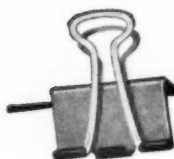
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MYERS



PHONE CALL MEMO

TO: Dr. Burson

TIME: 2:30 p.m.

CALLED BY: Mrs. Keegan

MESSAGE: She was about to leave on a vacation trip with the family and wanted to know the name of that ointment for insect bites and poison ivy you always recommend. I told her Calmitol.

E.E.D.

Thanks.

Calmitol is much more effective than calamine and never sensitizes or aggravates.

F.B.

*Calmitol is the non-sensitizing antipruritic supplied as Ointment in 1½-oz. tubes and 1-lb. jars, and as Liquid, for more stubborn pruritus, in 2-oz. bottles by Thos. Leeming & Co., Inc., New York 17, N.Y. Write for samples.

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MORE ►

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the twig
is bent..."



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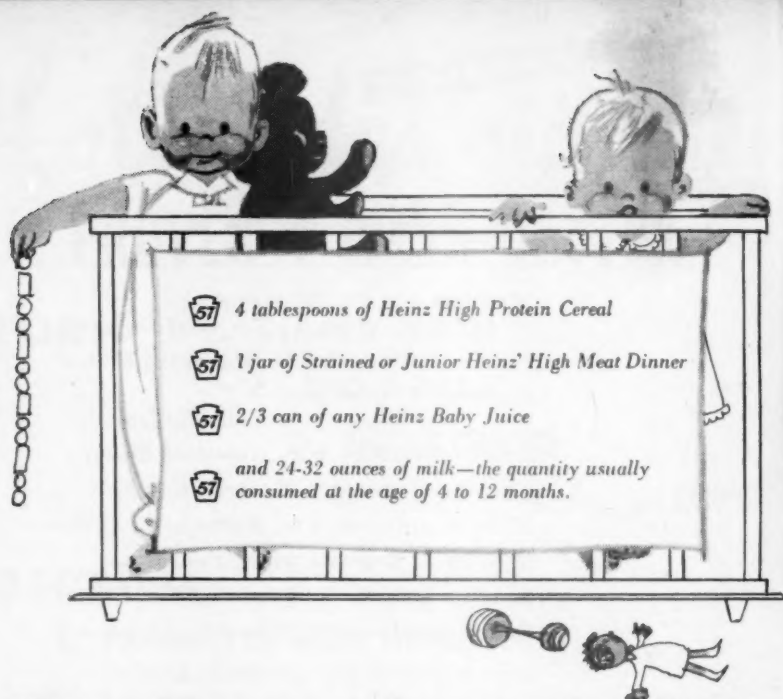
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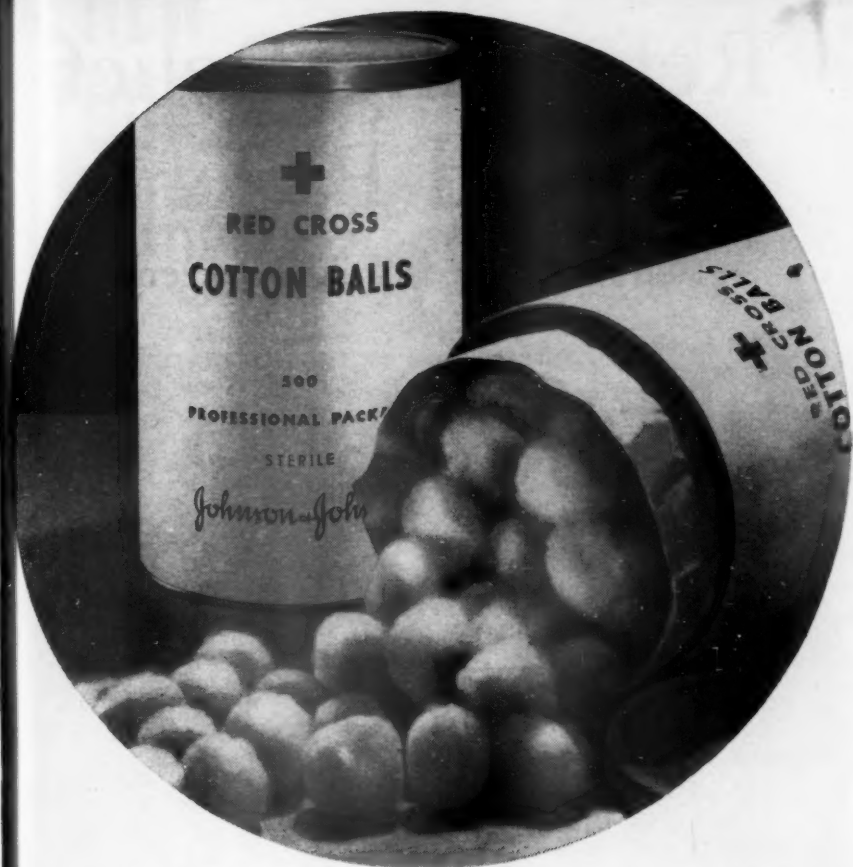
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7

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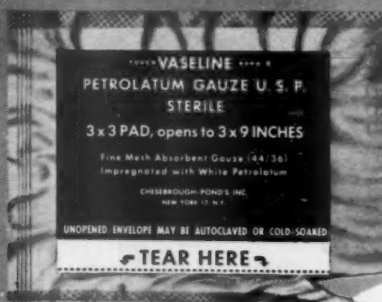
Noxzema is excellent for general body massage, too—it soothes, cools, refreshes . . . prevents dryness and scaling besides. *And it's greaseless, won't stain clothes or bed linen.* No wonder Noxzema has

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Pharmacotherapy treatment of tension headache aims to: (1) raise the pain-threshold, (2) reduce emotional stress and anxiety. Clinical literature supports the fact that a *combination* of analgesics in small doses appears to be more effective in relieving pain than either drug alone in its full analgetic dose.^{1,2,3} Consider then, the advantages of Anacin...

Anacin Tablets provide an ideally balanced *combination* of aspirin, acetophenetidin and caffeine. They not only afford fast action, but also lessen tension and induce relaxation—a desired state in which reparative forces are nurtured. Thus, Anacin gives *better total effect* in pain relief than aspirin or buffered aspirin. Well tolerated—there's no gastric upset with Anacin.

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References: (1) Krantz and Carr: *Pharmacologic Principles of Medical Practice*, 1954. (2) Goodman, Louis S. and Gilman, Alfred: *The Pharmacological Basis of Therapeutics*, sec. ed., 1955. (3) Hammes, E. M., Jr.: *Pain Relieving Drugs*, J.-Lancet 79:67, Feb., 1952.

RN *letters*

DIRECT CARE PREFERRED

DEAR EDITOR: Recently five supervisory posts, ranging in pay from \$3,600 to \$5,000 a year, were offered to me. I turned them down.

Why? Because I don't want to lose touch with direct patient care.

Supervisors, I feel, are in danger of getting away from the practical aspects of nursing.

Thomas W. Marra, R.N.
Jeffersonville, Ind.

REFRESH-IT-YOURSELF

DEAR EDITOR: Let no R.N. hesitate to resume practice after a long absence for want of a refresher course.

Bedside care doesn't change. The routines of a particular hospital can be learned—along with facts about new drugs and techniques.

I speak from personal experience. Good references, a state license, and a willingness to work were all I needed to return to active duty.

Helen F. Gebhard, R.N.
Germantown, N.Y.

WHY SHE RESIGNED

DEAR EDITOR: I did general duty in a state hospital recently.

Patients, after major surgery,

were sometimes left twelve to fourteen hours without a narcotic because a nurse said they "didn't seem to have any pain." Meanwhile, they ripped off bandages, pulled out stitches, and were reported as "hard to handle." Is that nursing?

Dressings on decubital patients with purulent drainage were sometimes left unchanged for twenty-four hours. Is that nursing?

I've now returned to private duty, where I can give my patient the care he needs.

Dorothy S. Pletl, R.N.
Marcy, N.Y.

CONDUCT SCORED

DEAR EDITOR: I hate to say it—but the abuse we have to take from some of these young charge nurses partly explains why hospitals are understaffed.

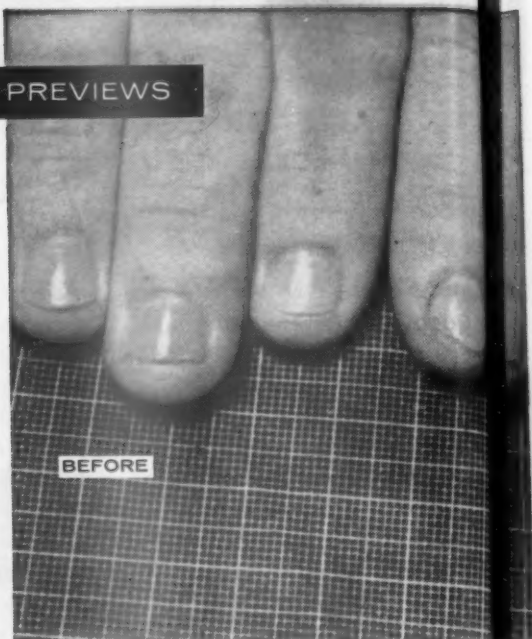
Virginia Baron, R.N.
Newark, N.J.

WORDS ABOUT WORDS

DEAR EDITOR: I like the idea of training nurses in junior colleges. It gives them a better background in English. Some hospital-school graduates can't even relay doctors' messages properly. A knowledge

KNOX PROTEIN PREVIEWS

**TWO NEW
CLINICAL
REPORTS
REAFFIRM
THE
BENEFITS OF**



BEFORE

GELATINE FOR



AFTER

© 1958 Knox Gelatine Co.

Evidence continues to accumulate verifying the effectiveness of Gelatine in the treatment of brittle fingernails. Investigators report that the nails show objective evidence of improvement.^{1,2,3,4} Furthermore, patients often volunteer that their nails "feel stronger," "look smoother," and "I can pick up things without them hurting."¹

Improvement Noted in 81% of Patients

See the chart below for a summary of the effect of Knox Gelatine in brittle fingernails as observed in all published reports. Photographic evidence of improvement, much of it in color taken before and during treatment, is available for most of the patients.^{1,2,3}

Response to Gelatine in Brittle Fingernails

References	Dosage	Duration of treatment	No. patients w/ brittle nails	No. patients improved	No. patients w/ brittle nails and other pathology	No. patients improved
1. Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: <i>A.M.A. Arch. Dermat.</i> 76:330, (September) 1957	7 Gm./ day	3 months	50	43 (86%)	32*	9
2. Schwimmer, M. and Mulinos, M. G.: <i>Antibiot. Med. & Clin. Therapy</i> 4:403, (July) 1957	7.5 Gm./ day	11-16 weeks	18	15 (83%)		
3. Rosenberg, S. and Oster, K. A.: <i>Conn. State Med. J.</i> 19:171, (March) 1955	7 to 21 Gm./day	15 weeks	36	26 (72%)		
4. Tyson, T. L.: <i>J. Invest. Dermat.</i> 14:323, (May) 1950	7 Gm./day	13 weeks	12	10 ^b (83%)		
Totals	7-21 Gm.	11-16 weeks	116	94 (81%)	32	9 (28%)

a. Gelatine improved psoriatic nails in 5 out of 12 cases.

b. One patient with psoriasis and arthritis and one patient with psoriasiform nail changes showed improvement in 2 and 3 months respectively.

FOR BRITTLE FINGERNAILS

Important Note

The pharmacodynamic effects of Gelatine are manifested through its high Specific Dynamic Action, and therefore, depend upon adequate and prolonged intake. All published clinical research has been conducted using 7 to 21 grams (1-3 envelopes) of Knox Gelatine per day for the three to four months that are required for complete regrowth of the nails. Smaller dosage would induce a lesser specific dynamic action and thus prove ineffectual in correcting the brittle nail defects. Please use the attached coupon for more detailed information.

Knox Gelatine Company
Professional Service Department RN-31
Johnstown, N. Y.

Please send reprints of the following articles:

- ☐ Rosenberg, S., Oster, K. A., Kallos, A. and Burroughs, W.: *A.M.A. Arch. Dermat.* 76:330, (Sept.) 1957.
- ☐ Schwimmer, M. and Mulinos, M.G.: *Antibiot. Med. & Clin. Therapy* 4:403, (July) 1957.

YOUR NAME AND ADDRESS

LETTERS

of words and how to use them helps us communicate with other nurses and aides. And it's often a godsend to say the right thing at the right time to a patient.

Ruby Neal Bouton, R.N.
Lewiston, Idaho

BEDSIDE VS. DESK

DEAR EDITOR: Re your recent article, "Back to the Bedside!": Let those nurses who prefer patient care request it, and those who like paper work ask for *that*. Both groups could then be satisfied.

Margaret Covert, R.N.
Dearborn, Mich.

DEAR EDITOR: This nostalgic longing to be at the bedside just doesn't

ring true with me. On the one hand, I see hospitals crying for general duty nurses, while thousands of those nurses flock to industry, to doctors' offices, and to public health jobs, where there *isn't* any bedside work. On the other hand, I see graduates in hospitals complain that giving baths and general care is just "scut work." Let's cut the hypocrisy!

Barstow Wilson, R.N.
Akron, Ohio

EYEWITNESS REPORT

DEAR EDITOR: They call it "the modern trend in nursing." Here are just two examples of it that I've observed in hospitals:



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Aspergum, aspirin in chewing gum form, works promptly to relieve headache, muscular aches or simple sore throat while you are on-the-go.

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Could you have helped this girl?

she had come to you when her acne began, your advice might have prevented these scars. You might have suggested she see her doctor, or you might have recommended 'Acnomel', the preparation so many doctors prescribe.

'Acnomel' conceals as it heals. The combination of sulfur, resorcinol and hexachlorophene helps the skin to expel keratin and purulent matter, and inhibits secondary bacterial infection. Improvement is often apparent after only a few days.

Two convenient flesh-tinted forms: 'Acnomel' Cream for use at home; 'Acnomel' Cake in a handy compact for use anywhere, even as a base for make-up.

When you are asked about acne preparations, or whenever you see a patient with acne, remember you can recommend 'Acnomel' with confidence.

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LETTERS

A "trained" aide, assisting in the O.R., contaminated her sterile field repeatedly. (The surgeon told me that he was hard put to watch both his patient and the aide but that the hospital used aides to save money.)

An L.P.N. who was on her toes reported a patient's serious condition to an R.N., but the R.N. was too busy charting to check the patient.

Julia McDonnell, R.N.
Trout Lake, Mich.

'LETTER TO MY HOSPITAL'

DEAR EDITOR: Hooray for Helen Mitchell! Her "Open Letter to My Hospital" could well be sent to all administrators. It's about time that nurses' salaries and fringe benefits were put in the foreground instead of the background.

Why do I, a graduate nurse, work in a business office? Because I make more money than I could in nursing.

Marjorie Zoerb, R.N.
Sturgeon Bay, Wis.

DEAR EDITOR: Boy, do I agree with Helen Mitchell!

Many older nurses, like myself, want to help ease the general duty nurse shortage. But no hospital in this city would hire me unless I worked evenings or nights. Since my health forces me to work days, I'm doing private duty.

Edith N. Rutherford, R.N.
Cincinnati, Ohio

END

New Shinola White takes the work out of White Shoes!



**New Shinola "deep-cleans" as it whitens
... so shoes stay clean longer. Just one
touch-up makes them dazzling white!**

Smooth Shinola on... its special detergent
action penetrates deep—*erases* out dirt as it
seals in whiteness! Come surface scuffs, you
just "touch up" in seconds. Your shoes are
literally *whiter than new!*

Safe for baby's shoes!
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formula; won't crack,
chip or peel. Use new
Shinola—the only
white polish that
"deep-cleans" so
beautifully to *save
you work!*



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RN • SEPTEMBER 1958 17

NOTICE TO NURSES

The Surgical Products Division, American Cyanamid Company, takes pleasure in announcing a new development of outstanding importance to your hospital...and to your patients.

In the past we have worked with surgeons and hospital personnel to introduce such important product advances as the new all-purpose D & G Elliptron® Surgical Needle, the revolutionary D & G Surgilar® and D & G Surgilope SP® plastic suture packages that give you safer, stronger, more flexible sutures, and a complete line of Vim hypodermic syringes and needles.

Now, in a sweeping move to provide hospitals with faster, more efficient service and reduce hospital costs substantially, Surgical Products Division introduces a plan by which hospitals may purchase all products directly from the manufacturer!

Key personnel responsible for purchasing in your hospital are now being given full details on the DIRECT-PURCHASE PLAN. This exclusive innovation will save the average hospital thousands of dollars a year on quantity purchases...and at the same time give them the added benefit of more efficient service and new rapid delivery provided by our large staff of highly trained representatives and our unparalleled network of branch offices and regional supply centers.

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RN news

Nursing School Tests TV For Bedside Teaching

Use of closed-circuit TV in nursing education was demonstrated recently in a bedside-to-classroom telecast at Perth Amboy (N. J.) General Hospital.

An instructor at the bedside explained the pre-op care of a diabetic gallbladder patient to a class of students a city block away. Two-way communication enabled the students to question the instructor as they viewed the presentation on a classroom screen.

To spare the patient the annoyance a loudspeaker might cause, the two-way hookup included the use of a tiny hearing device that made the students' questions audible only to the instructor.

Yale Group Finds Pineal Hormone

A clue in the case of the puzzling pineal gland has turned up at the Yale University School of Medicine. There, researchers have discovered a hormone, melatonin, in the pineal body, a gland whose purpose and function have long been in doubt.

The small amount of melatonin

available—only one twenty-thousandth of an ounce from 250,000 cattle—bars wide-scale testing. But the Yale group is experimenting to see if the hormone is linked in any way with melanoma.

Pilldom's Progress: The average life expectancy of Americans rose from 47.3 years in 1900 to 69.5 years in 1955, says Dr. G. Halsey Hunt of the National Institutes of Health.

Heart-case data were transmitted recently from New York to Paris and Rome via short-wave radio and radiophoto. The data: tape-recorded heart beats and visual tracings of ECGs. Dr. Arthur Briskier of New York, who conducted the test, said the technique makes it possible to consult a heart specialist anywhere in the world.

Electrical Hookup Saves Child's Life

To look at healthy 4-year-old Coral Kresho today, you'd never guess she almost succumbed following a serious heart operation. Yet not long ago at the Cleveland Clinic, reports The American

Assuredly

the

lady

is

fastidious

M

when
recommending
a
vaginal
douche

assengill[®] powder

Massengill Powder has a "clean" antiseptic fragrance. It enjoys unusual patient acceptance.

Massengill Powder is buffered to *maintain* an acid condition in the vaginal mucosa. It is more effective than vinegar and simple acid douches.

Massengill Powder has a low surface tension which enables it to penetrate into and cleanse the folds of the vaginal mucosa.

Massengill Powder solutions are easy to prepare. They are non-staining, mildly astringent.

Indications: Massengill Powder solutions are a valuable adjunct in the management of monilia, trichomonas, staphylococcus, and streptococcus infections of the vaginal tract. Regular douching with Massengill Powder solution minimizes subjective discomfort and maintains a state of cleanliness and normal acidity without interfering with specific treatment.

Currently, mailings will be forwarded only at your request. Write for samples and literature.

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BRISTOL, TENNESSEE

In
modern
feminine
hygiene
and therapy

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The clean, refreshing fragrance of Massengill Powder is acceptable to the most fastidious for therapeutic or routine hygienic use. Solutions are easily prepared, convenient to use, nonstaining. They effectively cleanse, deodorize and soothe the vaginal mucosa, while their mild astringent properties tend to decrease vaginal secretions.

CLEAN-UP AFTER ANTIBIOTICS

Following intensive antibiotic therapy, many female patients complain of vulvar pruritus or vaginitis, and pro-
fuse vaginal discharge. Most of these present the classical picture of *Monilia bicicans*, *Trichomonas vaginalis* or mixed infections. When these infections occur, regular use of Massengill powder, with its pH of 3.5 to 4.5, helps restore the normal acidity of the vaginal tract. At this normal pH the growth of pathogenic organisms is inhibited and the growth of the normal vaginal flora encouraged.¹

LOW pH RETENTION

Massengill Powder is buffered to retain an acid condition. In a recent study, ambulatory patients—with an alkaline vaginal mucosa resulting from pathogens—maintained an acid vaginal mucosa of pH 3.5 for a period of 4 to 6 hours after douching with Massengill Powder; recumbent patients maintained a satisfactory acid condition up to 24 hours. Simple acid douches are quickly neutralized by an alkaline vaginal mucosa, and are unsatisfactory in maintaining the required acid pH of the vagina.²

LOWER SURFACE TENSION

Massengill Powder in the standard solution has a surface tension of 50 dynes/cm. as compared to that of water and simple acid solutions with 72 dynes/cm. This added property enables Massengill Powder to penetrate into and cleanse the folds of the vaginal mucosa, thus increasing the therapeutic effectiveness. Lowered surface tension makes the cell wall and cytoplasmic membrane of the infecting organism more permeable and more susceptible to specific therapy.²

SUPPLY

Massengill Powder is supplied in glass jars of the following sizes:

- Small, 3 oz.
- Medium, 6-oz.
- Large, 16 oz.
- Hospital Size, 5 lbs.

Pads of douching instructions for patient use available on request.

REFERENCES

1. Lang, W.R., Rakoff, A.E., *Am. Geriatrics Soc.* 1:520 (1953).
2. Arnot, P.H., *The Problem of Douching*, *Western Journal of Surg., Obs., and Gyn.*, Vol. 62, No. 2:85 (1954).

THE S. E. MASSENGILL COMPANY

BRISTOL, TENNESSEE

NEWS

Heart (bulletin of the American Heart Association), her life hung literally by a thread—*wire* threads attached to her heart muscle.

The wires were placed there by Surgeon Donald Effler after he had corrected Coral's heart defects. He knew that if his small patient's heart stopped beating—as sometimes occurs in cardiac surgery—the wires protruding from the chest incision could be hooked up to an electrical stimulus outside the body.

That's exactly what happened. When the heart beat faltered, an electrical pacemaker (adapted for direct hookup with a young child's heart) took over the job. And it

proved to be lifesaving. For five days it triggered the heart's pumping action by sending tiny shocks to the heart muscle. It took that long for Coral's heart to resume beating strongly on its own.

Hypertensophobes: Don't cross butter off your menu yet. The Research Council of the National Academy of Sciences says there's no "decisive proof" that fats in the diet contribute to cardiovascular disorders.

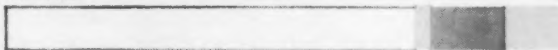
Juvenile delinquency is sometimes caused by encephalitis in childhood, says Dr. Sol Levy of Spokane, Wash. His treatment:

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NEWS

large daily doses of amphetamine for long periods. The results, he says, are dramatic: "The child quiets down immediately . . . no further evidence of unpredictable behavior is seen."

Bone cancer may develop thirty-five years after exposure to radiation, says Dr. Robert J. Hasterlik of Chicago's Argonne Cancer Research Hospital. His finding is based on a study of some 100 cases, including painters of clock dials exposed to radium in the early Nineteen Twenties.

Doctors Devise Test To Find Diabetes

A quick test for discovering diabetes is reported by Drs. Roger H. Unger and Leonard L. Madison of the V.A. It's based, they say, on the ability of sodium tolbutamide to stimulate the insulin-producing cells of the pancreas to release insulin.

Their procedure: Sodium tolbutamide is injected into the patient's vein. His blood sugar level is checked after twenty minutes and after thirty minutes. If the patient is not a diabetic, the level drops rapidly. But if he is a diabetic it drops slowly.

Personal-care kits, containing skin lotion, soap, talcum powder, comb, etc., are distributed free to patients by nurses at Monte Sano Hospital, Los Angeles. The idea originated by Staff Superintendent

NEWS

Edith Johnston, is reportedly making a big hit with nurses and patients alike.

A radiation antidote for man could come from a mouse-spleen extract that saves mice and guinea pigs from radiation death. That's the "justified hope" of the Navy's Dr. Friedrich P. Ellinger. But he's careful to point out that his research is still in the laboratory stage.

A C.S.F. bank has been set up at Chicago's Mercy Hospital by Drs. Harold C. Voris and Peter Talso. Its purpose: to give surgeons a substitute for cerebrospinal fluid lost from the ventricles during surgery and a "superior" fluid for irrigation of the brain.

Some dietary views get knocked in the head by Dr. Robert E. Olson of the University of Pittsburgh. In a study of obesity in 400 people between 40 and 60 years of age he's found that weight loss doesn't always improve health; nor does it always sour the dieter's disposition.

V.A. Team Simplifies Gastric Test

Gastric analysis without a tube? That's what V.A. Drs. Theodore Rodman, Arnold Gutman, and Ralph M. Myerson of Philadelphia suggest as a screening technique or an office procedure for spotting gastric achlorhydria.

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scribed in an American Medical Association report, the patient swallows an organic dye. Then a color test of his urine shows the presence or absence of hydrochloric acid. The doctors say the test seems valid even when patients have heart disease, or early to moderately severe liver and kidney disease, or any of several other diseases.

Cause of Migraine— Body Chemicals?

Migraine headaches seem to be triggered by an amino acid compound known as a polypeptide, says Dr. L. F. Chapman of New York Hospital.

His theory: In response to stress, the polypeptide enlarges blood vessels so that more blood can flow to the brain; but in some way the compound leaks out of the vessels and irritates the nerves.

Washington Nurses Take Part In Syringe-Needle Study

Do nurses prefer disposable syringes and needles to reusable ones?

Yes, says a team of investigators after a study at Washington's District of Columbia General Hospital.

The study shows that the use of disposable units:

¶ Cuts the hospital's per-injection cost.

Antiseptic cream tested in government hospital!

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¶ Is less likely to cause discomfort to the patient.

¶ Lessens the chance of contamination and patient-infection.

The findings, reported in Hospital Topics, were made as part of a municipal hospital survey conducted by Consultants Isadore and Zachary Rosenfield and John G. Stein and Associates.

A big boost in morale and considerably improved appearance. That was the bonus for four patients whose port-wine birthmarks were treated with electrodesiccation, says Army physician Major Darl E. Vander Ploeg of Tacoma, Wash. In a report to the American

Medical Association he says the birthmark tissue was dehydrated by a high-frequency current running through a pointed needle electrode.

State Hospitals Criticized For Underpaying Nurses

Chicago office workers earn as much as psychiatric nurses, and teachers are paid considerably more for a shorter workday. So says Frances L. A. Powell, R.N., president of the Illinois Nurses Association.

"No wonder," she adds, "that there are only 400 nurses to care for Illinois' 50,000 mental patients."

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Taylor Instruments MEAN ACCURACY FIRST

Miss Powell contends that although the state hospital code permits a starting wage of \$337 a month, some nurses are actually hired for as little as \$265 and the average pay of state-employed R.N.s is only \$310.

The nurses' economic plight should be publicized and legislative action urged, the Illinois leader believes.

Doctor Finds Salk Shots Good for Three Years

Salk vaccine makes children immune to polio for at least three years, reports Professor Gordon C. Brown of the University of Michigan. Studies made by Dr. Brown

show that the third or booster shot is the key to long-term immunity. They suggest, too, that immunity given by vaccine is just as potent as that given by a polio attack.

Chutes Spread Staph Germs, Study Shows

Laundry and refuse chutes play a double role in spreading air-borne staphylococci through hospital corridors and patients' rooms: (1) There's a constant leakage of staph-laden air from cracks around chute doors, and (2) strong gusts of such air rush out of the shaft when the doors are opened.

These findings, reported to the American Medical [MORE ON 96]

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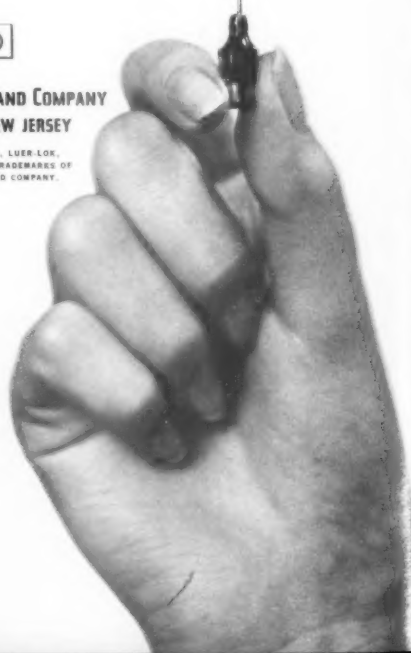
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RN

Caring for

The Burn Victim

By Curtis P. Artz, M.D.

Perhaps no patient needs more highly skilled treatment than the one whose flesh is charred by serious, potentially crippling burns.

This type of injury is so destructive that at least one of every fifteen hospitalized burn patients dies.

Why?

Partly because of the severity of the injury and the limits to human knowledge and skill, and

partly because too few doctors and nurses have been trained to give expert burn care.

Moderate burns are relatively easy to treat. But critical burns are a first-class medical emergency. These include third-degree burns of the face, hands, or feet, or of more than 10 per cent of the body surface; second-degree burns of more than 30 per cent of the body surface; electrical burns; and burns complicated by

THE AUTHOR is associate professor of surgery at the University of Mississippi Medical Center, Jackson, Miss. He was formerly director of the Army's burn center at Fort Sam Houston, Texas. He is co-author, with Dr. Eric Reiss, of "The Treatment of Burns," published in 1957 by the W.B. Saunders Co., Philadelphia.

fractures or by respiratory-tract or major soft-tissue damage.

If you're the emergency-room nurse and someone is brought in with severe burns, your first steps are these:

Emergency Care

¶ Have the windows closed so that no air currents will get to the exposed flesh to increase the sufferer's pain. (Put screens around him, if necessary.)

¶ Get isolation masks on everyone in the room and start cutting away the patient's clothing.

¶ Don't attempt to remove pieces that adhere to the burned areas.

¶ Don't try to clean the burns or put anything on them.

¶ Wrap the patient in a sterile sheet.

Remember that the burn victim has been through a terrifying experience. What you say to him and how you handle him may affect the whole course of his recovery.

When the doctor arrives, you'll learn whether he's going to admit the patient or send him to another hospital with better burn-treatment facilities. If the patient is going a short distance, the doctor will probably give him a small

dose of morphine intravenously. For a longer trip, he may order a continuous I.V.; he may even perform emergency surgery beforehand, (e.g., at tracheotomy) if the case calls for it.

If the doctor admits the patient instead of sending him elsewhere, orders will follow thick and fast:

¶ Weigh him. (There has to be a reference point for the calculation of his fluid needs.)

¶ Call the O.R. and tell them you're sending him up.

¶ Give antibiotic and antitetanus injections.

¶ Help with the cutdown (an imperative measure for this patient).

¶ Insert an indwelling catheter.

¶ Prepare I.V. morphine.

¶ Wrap him in a fresh sterile sheet.

¶ Send him to the O.R.

Remember to chart *everything*. And remember throughout that the patient's basic need is reassurance.

In the O.R.

If you're the operating-room nurse, you also face a multitude of tasks: The O.R., like the emergency room and later the ward, must be warm (about 80

degrees) and free of air currents when the burn victim arrives. He needs no anesthesia, only analgesia provided by the I.V. morphine. If at all possible, assign a nurse to stay with him throughout the initial cleansing and debridement.

These procedures cause more discomfort and anxiety than actual pain. By doing them with utmost gentleness, the doctors not only spare the patient but minimize further tissue destruction.

The Surgeon's Needs

As the O.R. nurse, you provide the surgeon with soft gauze pads, a solution of bland white soap and sterile water at about 100 degrees F. and benzene for removal of any tars or oils first-aiders may have applied. Plain sterile water, also at 100 degrees, is used for irrigation and to loosen bits of clothing that have adhered. You'll be expected to change the sterile drapes several times.

After the cleansing, shave the surrounding normal skin. The doctors will then cut away all loose, devitalized tissue to achieve a surgically clean wound that will discourage the growth of bacteria.

Afterwards, the burn surface is kept clean and dry by one of two methods:

1. The exposure method. This calls for immobilizing the patient, without dressings, while a natural covering forms over his burns. It permits constant observation of the wound and eliminates frequent and uncomfortable dressing changes. But if the patient can't be immobilized, the surface-covering cracks as rapidly as it forms, leaving the way open for invasive bacteria.

2. The occlusive-dressing method. This entails covering the clean wound with a single layer of petrolatum gauze and adding massive layers of fluffy, absorbent material. The dressing has to be changed every three to five days (usually under general anesthesia), since a soiled, wet dressing would invite bacterial contamination from the outside.

Preparing the Dressing

When the occlusive dressing is used, it's applied immediately after the debridement. The initial layer of petrolatum gauze must be impregnated just enough to let the surgeon spread it smoothly, without leaving any wrinkles or air pockets. [MORE ON 91]

What you can do to apprehend



GLAUCOMA, silent thief of sight

By Patricia D. Horgan, R.N.

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When Ellen Barstel started for the hospital one morning, her mother called: "It's pretty cloudy. Better take an umbrella. And don't forget to make my appointment with the eye doctor—these glasses have to be changed again."

Ellen laughed as she walked across the sunny yard. But in the locker room, as she was adjusting her cap, a chilling thought made her hurry to the telephone.

She got her mother to the ophthalmologist that day. And in the nick of time.

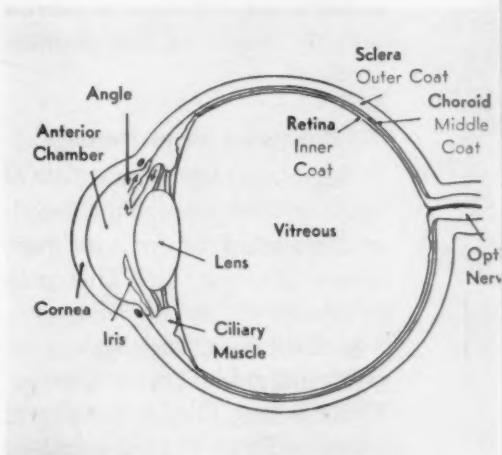
Mrs. Barstel had glaucoma.

Glaucoma will rob 3,500 persons in the U.S. of their sight this year. It has already totally or partially blinded 192,000 others. Yet physicians agree that early diagnosis and commencement of therapy can check the disease in 85 per cent of cases.

This is a challenge to you, the nurse. If you're alert about glaucoma symptoms, you can direct possible cases to specialists or treatment centers while there's still time.

Glaucoma is a leading cause of blindness in persons over 40. Probably close to a million Americans in this age group have undiagnosed cases.

This is because glaucoma, in its usual chronic form, often attacks so stealthily that its victims suspect nothing. Unless they have painful, acute glaucoma, the chances are they won't go for



AQUEOUS FLOW through anterior chamber (arrows) becomes blocked at angle in the glaucomatous eye. Intraocular tension then rises.

treatment until too late to save their failing eyesight.

The disease is characterized by abnormally elevated pressure within the eye. In adults it may be primary (acute or chronic) or secondary (following eye injury or disease). In children and young adults it's congenital, and is attributed to anomalies of eye structure.

The angle formed by the junc-

GLAUCOMA, SILENT THIEF OF SIGHT

tion of the cornea and iris is significant in the differential diagnosis of glaucoma. So is the depth of the anterior chamber. Except for the chronic type, all forms of glaucoma are far more likely to occur where the angle is narrow and the depth of the chamber shallow.

Pressure Causes Damage

Sometimes the normal flow of aqueous fluid through the anterior chamber of the eye is for some reason "dammed up." This causes tension within the eye to rise. The result is pressure against the retina and gradual nerve damage. There is loss, first, of peripheral vision and then of central vision. The end result is atrophy of the optic nerve and blindness.

In an acute attack of glaucoma, ocular tension rises rapidly, usually following sudden dilatation of the pupil. There is intense localized pain, as well as "steami-ness" of the cornea from edema. And the eye and lid turn fiery red. Damage occurs rapidly. In extreme cases blindness can result in a matter of hours.

The simple chronic form of glaucoma is four times more common. Its insidious onset and vagueness of symptoms make it

hard to detect. The alert nurse will hear seemingly minor complaints—"heavy eyes" in the morning or after reading; momentary blurring or hazy vision; new glasses that don't seem right. And the patient may see rainbow-like halos around lights.

These signs, coupled with some background facts, may indicate the presence of glaucoma. Any individual over 40 is suspect, particularly a woman.



TONOMETER is applied to cornea. Needle shows intraocular tension on calibrated scale at top.

(Two-thirds of glaucoma sufferers are women.) The "high-strung" person seems predisposed. An upsetting experience may precipitate an acute attack. Finally, there is evidence that glaucoma may be hereditary.

If you have the slightest suspicion, summon your best persuasive powers and get the suspect under medical care without delay!

You may even play a more active role than that of case referral. In the mass-screening clinics for glaucoma, specially trained R.N.s are using preliminary techniques that lead to final diagnosis and treatment. These techniques are tonometry and visual-field testing.

Tonometric Technique

Tonometry is the measurement of intraocular tension through the use of a simple, inexpensive instrument. Local anesthesia is administered to the eye, the tonometer is gently applied to the cornea, and a reading of tension is made in a few minutes. In the course of diagnosis, tonometer readings may be taken under varying conditions and the results compared.

The loss of peripheral vision in

chronic glaucoma often goes undiscovered without a special clinical test. Of the various tests that measure the central visual field, the Harrington-Flocks multiple-pattern method is favored as a screening tool. A nurse may give this test efficiently after brief training.

Once glaucoma is detected, the nurse has an important job. She must get the patient to cooperate in the exacting treatment.

How It's Treated

Drugs, surgery, or a combination of the two, lessen intraocular tension and help prevent further deterioration of vision. Miotics, like pilocarpine and eserine eye drops, make the outflow mechanism work more effectively. Other drugs, one of them Diamox, have been used successfully to reduce pressure by inhibiting the flow of aqueous humor into the anterior chamber. Iridectomy (the surgical removal of a section of iris) or iridencleisis (forming an iris "wick") provides a new channel for aqueous drainage.

If the patient is on drug therapy you may need to stress the importance of lifelong use of the drops and the [MORE ON 84]

'Progressive patient care' may mean a Big Change Ahead in Your Job

Hospitals are finding this new
approach to patient care saves lives, saves R.N.s,
and saves money

By Wanda Jurgens, R.N.



1 **SPECIAL CARE**— *In this unit for treatment of the seriously ill, an R.N. is always in attendance to care for patient's needs.*



2 **INTERMEDIATE CARE**— *Patient, now improving, is transferred to unit where she's given minimal care. But her nurse is on call.*

The evening supervisor's phone rings. It's the floor nurse on -B calling:

"I've got to have help! The patient in 409 just had a grand mal seizure . . . 401 has to be catheterized . . . The admitting office is sending up a coronary that we don't even have oxygen for. Thirty patients need bedtime care. And I'm all alone here!"

Such impossible demands on the R.N. are a common occurrence when nursing skills are spread thin to care for the acutely ill and the nearly well alike. But under the new system of progres-

sive patient care (P.P.C.), nursing skills are utilized where most needed. This is possible simply because *patients are segregated according to the degree, rather than the type, of their illness.*

P.P.C. is fast catching on. The Public Health Service says 150 U.S. hospitals are now using it. At Manchester (Conn.) Memorial Hospital, the plan has succeeded so well in its first year that Government doctors studying it predict a near-revolution in hospital care throughout the country.

Manchester Memorial began the project early in 1957 with these objectives:

¶ A higher level of patient care in a shorter period of time, at lower cost to both patient and hospital.

¶ Full utilization of medical and nursing staffs for the benefit of patients, their families, physicians, and nurses.

¶ The most efficient operation of plant and supply system.

Of the hospital's 189 beds, 135 are now included in the new plan. OB and pediatrics are separate, but seriously ill patients from these services may be transferred to the P.P.C. units.

Under the new plan, patients



SELF-SERVICE— *When the patient is ambulatory, she moves to hotel-type unit. Instruction in self-care speeds her convalescence.*

PROGRESSIVE PATIENT CARE

are separated into three groups. To serve their needs, there's a Special Care Unit (S.C.U.), an Intermediate Care Unit (I.C.U.), and an ambulatory Self-Service Unit (S.S.U.).

Need Dictates Service

The patient is admitted to the unit his doctor selects. As the patient's needs change, the physician may transfer him to another unit where he receives either more or less care.

When he requires attention he gets it. He doesn't have to compete for the services of a frantic R.N. who is delivering telephone messages and glasses of water to convalescents.

Also, he pays only for the care he receives. He is charged \$20 to \$26 a day for what amounts to private duty nursing in the Special Care Unit; \$15 to \$18 for the equivalent of hospital staff nursing in Intermediate Care; and \$10 to \$11 for board, room, and necessary supervision in Self-Service. If he insists on having his own "specials," he's admitted to the Intermediate Care Unit.

Effective nursing is the first objective of P.P.C. So visiting regulations are tailored to fit this

need. In Special Care, a patient's visitors are limited to one (immediate family), standing at the bedside, for five minutes in each hour. In Intermediate Care, visiting hours last from 2 P.M. to 8 P.M.; in Self-Service, from 10 A.M. to 8 P.M.

Special Care Unit

The 27-bed S.S.U., handy to operating and recovery rooms, cares for emergencies, post-ops, and other critically ill patients in four-bed and private rooms. There, one R.N. and an aide (who may be an L.P.N.) are assigned to every five patients.

This ratio is maintained around the clock. As patients improve, they are transferred to the unit's so-called "gray" area, or "flexible" zone, where the ratio is one R.N. and one aide to every six patients and the daily rate is reduced from \$26 to \$20.

"Think of it," says Vera Dorrmer, the hospital's director of nurses: "Seventeen critically ill patients scattered throughout the various services would need seventeen private duty nurses on each eight-hour shift. Here, we give the equivalent of special nursing with one-fifth that number."

[MORE ON 76]

How to cope with problems posed by . . .



The Patient's Right of Privacy

By William A. Regan, LL.B.

While the right of privacy is guaranteed by the Constitution, hospitalized patients are regarded as having voluntarily waived some of this right.

Yet the waiver is quite restricted. It does not, for example, let a nurse or physician make unauthorized disclosures about a patient.

The patient himself must authorize release of confidential

medical information. If he's disoriented or comatose, his nearest relative is generally the proper person to grant such permission. (The doctor is usually asked merely as a courtesy.)

Ordinarily, the patient's permission should be in writing. If that isn't practicable, oral permission given in the presence of witnesses is adequate.

Despite all this, nurses are of-

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THE PATIENT'S RIGHT OF PRIVACY

ten asked (sometimes hounded) to make disclosures. Take, for example, the situation in a hospital emergency room following a flood, fire, explosion, or hurricane. Along with the litter cases come relatives, officials, curiosity-seekers, reporters, and press photographers. Is the emergency-room nurse obliged to answer their questions?

No. Care of the injured takes precedence over accommodation of the press and others.

But suppose the newsmen question the disaster victims directly and take photographs. Can the hospital, the doctors, or the nurses be held liable for not protecting the patients' right of privacy?

No. Control over the working press as a matter of law becomes secondary in an emergency.

What You Can Say

Sometimes, of course, the emergency-room supervisor is specifically authorized to give out information within limits. These limits are governed by hospital policy as well as by state law.

At some hospitals a written list of "dos and don'ts," prepared by an attorney, is posted at the nurses' station in the accident room.

Also available quite often is an equally useful guide, the local press code.

Press codes are published by state and county medical societies and by local hospital councils. Their regulations, of course, vary from area to area; but most codes spell out what may and may not be said about fractures, burns, poisonings, attempted suicides, and so on. (Some typical press code provisions are cited on pages 45 through 47.

No Details

Generally, the emergency-room supervisor (in the absence of a public relations officer) may furnish the press with the name and address of a person admitted for emergency care without violating his right of privacy. But she is not free to give a detailed statement about an injured patient's condition. Nor may she attempt to explain the cause of his injury or the circumstances surrounding it.

Nurses are further advised to discourage the taking of photographs—either in the emergency room or elsewhere in the hospital. For photos, too, may violate a patient's right of privacy.

A California nurse, for exam-

ple, let a photographer take a picture of her as she cleaned a knife wound on a patient's face. The patient, in shock at the time, later died. Relatives brought suit against the nurse, alleging that she deliberately collaborated with the photographer in violating the patient's privacy. The

case was settled out of court, but it cost the nurse several thousand dollars.

Even the attending doctor cannot give consent for the taking of a patient's photograph. Such consent must be obtained from the patient or his legal guardian and it must be in writing. MORE ►

Press Code Rules

that help protect the privacy of the patient in police and accident cases.

In releasing news about patients involved in police and accident cases, many hospitals are guided by local press codes. Such codes, while they vary somewhat from area to area, usually include such rules as these:

IDENTITY OF PATIENT

Facts that may be released without patient's consent are name, address, sex, marital status, approximate age, occupation, employer, name and address of nearest relative.

NATURE OF ACCIDENT

State briefly how patient was injured: by automobile, explosion, fall, burn, poisoning, shooting, stabbing, etc. Give no details. Do not say who caused accident or that injury was due to assault, self-inflicted wound, attempted suicide, etc. Never state or imply that patient was intoxicated.

CONDITION OF PATIENT

Report patient's condition only as: "minor injuries," "good," "fair," "serious," "critical," or "dead on arrival." Avoid

THE PATIENT'S RIGHT OF PRIVACY

Another threat to the patient's right of privacy is ordinary "shoptalk"—the discussion of professional matters either outside or inside the hospital. If a

nurse succumbs to the temptation to talk about some of the human dramas enacted so often before her, if she comments to anyone about the patient's physical

PRESS CODE RULES (Cont.)

dramatic description of patient's appearance or condition. Make no mention of specific diagnosis or prognosis.

HEAD INJURIES

State only that patient has head injuries. Do not say skull is fractured. Give no opinion of severity of injury until condition is definitely determined by attending physician. Make no prognosis.

FRACTURES

If fractures sustained by patient have been confirmed by X-ray, you may give name of affected area (leg, arm, etc.) and say whether fracture is simple or compound. If X-ray confirmation is lacking, describe injury only as a "possible fracture."

INTERNAL INJURIES

Say that patient has possible internal injuries, but don't specify location. Serious injuries may be described simply as "serious."

UNCONSCIOUSNESS

Report that patient was unconscious when brought to hospital, but do not give cause.

POISONING

In cases of poisoning, no statement may be made about motive (suicidal or accidental), or causative substance.

BURNS

Indicate part or area of body involved. State degree and cause only if established. Make no prognosis.

SHOOTING OR STABBING

Say only that there is a penetrating wound, giving general location (e.g., arm, back, chest). Avoid mention of how in-

condition or his personal life, she had better be ready to defend herself in court.

Suppose, for example, that a nurse tells an acquaintance out-

side the hospital about the obstetrical admission of a young unmarried woman. This disclosure, if traced to the nurse, may be classified as defamation of char-

jury occurred—whether accidental, suicidal, homicidal, or in a brawl. Also avoid reference to environment in which injury occurred.

ATTEMPTED SUICIDE

Suicide attempts should not be characterized as such. Motives, opinions of motives, suicidal methods, etc., should not be mentioned. Refer inquiries to police.

INTOXICATION

No statement should be made about intoxication of patient or whether injury was caused by intoxication. Refer inquiries to police.

DRUG ADDICTION

Avoid any reference to patient as suspected or confirmed addict. Do not say or imply that accident resulted from use of drugs. Refer inquiries to police.

DEATH

A patient's death, presumed to be a matter of public record, may be reported (unless he's a member of the armed forces), but without stating diagnosis or cause.

PHYSICIAN'S NAME

Name of attending physician may not be released without his permission.

PHOTOGRAPHS

Privilege of photographing patient may be given only if patient gives permission in writing and if attending physician says patient's condition will not be jeopardized. If patient is a child, permission of parent or guardian is required. No photos are permitted of unconscious patients or of those with severe facial injuries.

THE PATIENT'S RIGHT OF PRIVACY

acter—which is grounds for a lawsuit. To illustrate:

In a New England town, a nursery nurse told a neighbor that a deformed child had been born to a supposedly unmarried mother. Actually the mother had been secretly married for two years. The case went to trial but not to the jury because the nurse decided to settle beforehand.

Inside the hospital, too, a nurse's shoptalk may violate a patient's right of privacy. Indeed, a number of suits for defamation of character have been based on indiscreet discussion of a patient's personal affairs solely among floor nurses working together.

One such suit stemmed from gossip about a patient's visitor. The patient's room was close to



nurses' station where the gossip took place, so both patient and visitor could hear it. One nurse remarked to another that the visitor had a criminal record. But this was incorrect. While the visitor *had* been arrested on a criminal charge, it was later dismissed as groundless.

The nurse who'd done the talking was promptly sued for defamation of character. And although the case was settled out of court, it cost her a considerable sum to soothe the plaintiff's feelings.

A Lawyer Can Help

Fortunately, complaints against nurses are often quashed in law offices. An attorney, for example, may point out that a proposed suit would only publicize an alleged untruth. Even so, the nurse in such a case may have to pay the cost of legal services.

Charge nurses and supervisors have a special reason to communicate cautiously: Often they're entrusted by staff doctors with confidential facts or instructions that were never intended to reach anyone else—the floor nurses included. For example, reasons for putting restrictions on certain visitors are seldom given to floor

nurses; but a doctor often tells a charge nurse or supervisor *why* such visitors may upset his patient emotionally.

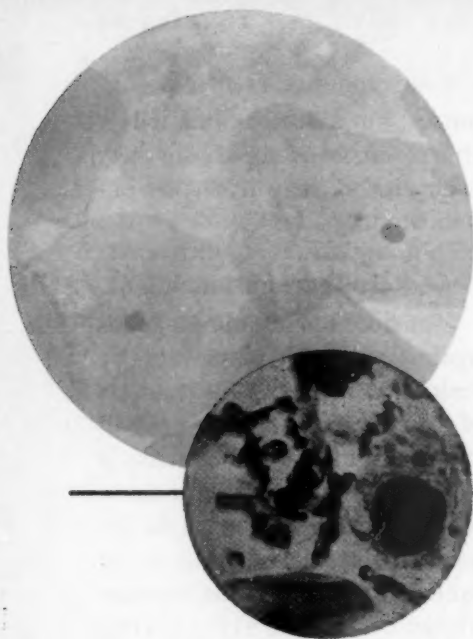
Keep It Professional!

The floor nurse can best guard against a breach of privacy by restricting her remarks to matters of patient care. When she goes off duty, she may safely discuss a patient's condition with the nurse who relieves her. There's no invasion of privacy as long as the exchange of information between nurses concerns only nursing care, medical treatment, and the like.

Similarly, a nursing instructor may, in her teaching, talk about a patient's condition, the course of his illness, or the nature of his injury—provided she doesn't mention his name. If she needs to identify him—either by name or by inference—she had better get the patient's permission.

To Talk or Not?

In nursing, as in other professions, there's a time to speak and a time to be silent. And, more often than not, silence is the better choice if you want to avoid legal action for having violated a patient's right of privacy. **END**



You Can Help *The Papanicolaou*

As nurses, once we detect signs of uterine cancer we summon a doctor in a hurry. Yet how many of us think of a check-up *before* the warning signals appear—before cancer strikes deep into uterine tissue and becomes incurable?

During 1958, some 16,000 American women will succumb to this affliction. It's grimly ironic that most of these deaths could have been prevented. For there's a perfectly good means of detecting uterine cancer in its symptomless and curable stage.

This cancer detector is the "Papanicolaou smear," a cell test named after Dr. George N.

Papanicolaou, who developed it some thirty years ago.

Many doctors believe that if every woman in the U.S. had such a cell examination yearly, the number of uterine cancer deaths would drop as much as 90 per cent.

Technically, the Papanicolaou smear is a study in exfoliative cytology because it's based on the microscopic examination of cells (cytology) cast off by tissue (exfoliative). In this test, a doctor takes a small amount of vaginal mucus (which contains cells sloughed off by uterine tissue), smears it on a slide, and sends it to a laboratory. There,

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Check Uterine Cancer

laou st offers you the means

By Frances Elder, R.N.

pathologists use cell-staining techniques to differentiate cancer cells from normal ones.

Though smears from several other organs have been tested with some success, it requires more elaborate techniques to get fluid samplings from, say, the respiratory tract, the digestive

tract, the pleural and peritoneal cavities, or the female breast. But smears from the uterus are more readily obtained.

So effective is the cell test in uterine cancer that it picks up the earliest cell changes. It can even reveal the otherwise hard-to-detect *in situ* stage when can-



Test's developer: Dr. George N. Papanicolaou of Cornell University Medical School. Thirty years ago he worked out a simple, painless method of detecting early cervical cancer by taking vaginal fluids, staining them, and examining them for malignant cells. Many doctors now use this smear technique routinely.

YOU CAN HELP CHECK UTERINE CANCER

cer is confined to the outer cell layers of the cervix or the body of the uterus. Of course, it's also a means of detecting late cancer that has invaded all the cell layers of the uterus.

Biopsy Clinches It

Dr. Papanicolaou is the first to insist that his test is a preliminary to, not a substitute for, biopsy. So all doubtful or positive cell tests are confirmed by biopsy before surgery or other cancer treatment takes place. In addition, a growing number of doctors are stepping up cancer prevention by taking this type of smear routinely during the physical examination.

What is your specific nursing part in the Papanicolaou smear program?

Doctors differ in their methods of obtaining vaginal smears. But if asked to help, you can use the following instructions as a guide:

Don't Wash, Please

Tell your patient neither to tub-bathe nor douche for several hours before the smear is taken. If she doesn't know it's a cancer test, you can tell her it's a routine tissue check.

In setting up the test, have these ready:

¶ Pair of sterile gloves.

¶ Sterile bivalve speculum. (No lubricant is used but insertion is helped by warming the speculum.)

¶ One glass pipette with tight-fitting rubber bulb *or* two extra-long cotton applicators *or* two wooden spatulas (throat-stick type) *or* laryngeal cannula—all sterile.

Preparing the Slides

¶ Glass slides. (These are prepared by soaking for one hour in 250 ml. of 85 per cent alcohol to which has been added 1 ml. of hydrochloric acid; rinsing in 95 per cent alcohol; and wiping with lint-free cloth).

¶ Fixative (ether and 95 per cent alcohol; 95 per cent alcohol only; or a solution of Diaphane, a synthetic resin).

When everything's set, place the patient in the lithotomy position and drape with sterile sheet or bath blanket.

While this routine may be old stuff to you, remember that the woman lying on the table is probably embarrassed and apprehensive. Your assurance that the procedure is painless and quick

will most likely help her relax and, at the same time, ease the doctor's job.

He may take smears from the vagina, the cervical canal, or the uterus. In any case, as soon as he puts the smear on the slide, immerse the slide in the fixative. It's important to fix the smear while it's wet, since dried, distorted cells are hard to read.

Keep the slide in the fixative for at least twenty minutes.

If you have to mail the slide, you may cover the wet smear, as soon as it's taken, with a small amount of Diaphane solution containing 95 per cent alcohol. After the solution dries—in 20 to 30 minutes—wrap the slide in wax paper.

Once the test has been completed, soak the glass pipettes and metal cannulas in green soap solution. Then dry and wrap them in brown paper for autoclaving. If they're sterilized by

boiling, the lumen of the pipette *must* be dry before re-using.

These are our main nursing duties in obtaining a Papanicolaou smear. But what about our general responsibility for getting more women to use the cell test?

One small way to spark enthusiasm is to take the test ourselves and to persuade others to follow step. Then, at least, we'll have first-hand knowledge; and we'll be guarding our own health as well.

But remember: This test is not a one-time thing. Dr. Papanicolaou urges every woman over 30 to have a smear taken at least once a year and preferably every six months.

This means a lot of testing. But if the smear continues to reveal unsuspected curable cancer in some three out of every thousand women examined, the effort to provide millions of annual tests will be amply worth it. END

Swallow Hard

In re the medication
That's used to treat the ill:
Sometimes, alas, the patient
Turns out to be the pill.

—MILDRED MASON



Young Nurse Gallops to Success

By Calvin Scott

Evelyn Sharp started riding at age 3. At 10, she owned her first horse. And last November, while still a student nurse, she reached the pinnacle in her career as an equestrienne:

She showed her favorite mounts at Madison Square Garden's famed National Horse Show.

The show added four prizes to Evelyn's already large collection of awards. All told, she has won 150 trophies and over 300 ribbons in her five seasons of competitive riding.

"It's the result, I suppose, of just doing what comes naturally," she says. "For I was born and grew up on a farm."

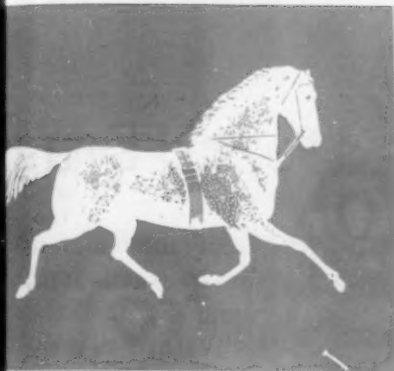
Evelyn began raising colts

during her high-school days. Then, "to help the horses pay their own keep," she also began to give riding lessons.

After finishing high school, she built a horse trailer. "That was in 1952," she recalls, "and the following season it saw plenty of use. I took my horses to thirty shows all over New Jersey and Pennsylvania."

Those thirty shows got Evelyn off to a fast start on her trophy collection. Her subsequent acquisitions include two that aren't trophies at all, yet she values them as highly as anything she's won in competition.

One is a sterling-silver-mounted saddle with a matching bridle and Dutch collar. Custom-made



to her own design, "this rig took a year to pay for."

The other is her favorite riding outfit: a green velvet creation with 4,000 rhinestones, "each of them sewed on individually by my mother and me."

The young equestrienne, now 25, has had her share of spills and bumps. They've resulted in a broken elbow, three broken fingers, a dislocated disc in her neck, and more wrist and ankle sprains than she can remember.

Active in five different equestrian organizations, Evelyn is looking to the fall show season with extra-special interest: Her registered pinto mare has been nominated to compete for the pinto championship of the U.S.



Meanwhile, the young nurse is doing O.R. duty at Mercer Hospital in Trenton, N.J. It was there that she completed her three-year training last June (with honors).

In choosing a nursing career, Evelyn was again doing what came naturally. Her mother, also a graduate of Mercer's school of nursing, has been night supervisor of the hospital's maternity ward for many years.

"Mother didn't make my choice, though," the daughter insists. "The decision was my own—and I'm not sorry I arrived at it. Now I have two careers."

Evelyn, an attractive blonde, lives with her parents on the century-old Sharp farm not far from Trenton, N. J.

END

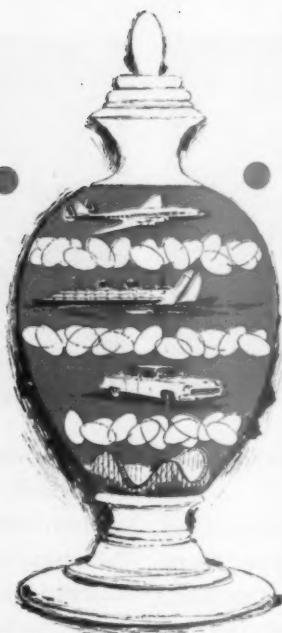
Drugs or t

So-called "stomach settling" remedies are sold by the millions. Yet what we call an "upset stomach" often has little to do with that organ.

Anything that throws our bodies out of chemical, physical, or emotional balance may stimulate certain brain-stem cells and trigger the vomiting mechanism.

The vomiting reflex may serve a protective purpose: to rid the body of toxic substances. But much vomiting is potentially harmful. So doctors have long sought drugs to prevent it.

In motion sickness, they've investigated diet too. But what travelers eat makes little difference. The chief stimuli in sea, car, and air sickness come not



from the stomach but from cells in the inner ear.

Within its complex canals are some sensory structures sensitive to sound waves. Others react to body movement. Changes in the position of the head, for example,

send messages to the brain by the vestibular branch of the auditory nerve. These, together with visual stimuli and messages from the muscles, help us to stay oriented.

But sometimes the receptors of the inner ear are overstimulated. Up-and-down movements, as on a boat or in an airplane, may set off a whole flood of vestibular impulses. Some spill over onto the brain-stem centers. This results in such symptoms as nau-

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By Morton J. Rodman, PH.D.

ugar the Upset Stomach

sea, retching, vomiting, pallor, cold sweats, hypersalivation, and headache.

Just how drugs stop these symptoms is obscure. Some say that nerve impulses release the neurohormone acetylcholine, at central synapses and that this helps relay messages to the vomiting center. Their conclusion: Drugs that antagonize acetylcholine probably let fewer impulses pass along this pathway.

Among the most potent anticholinergic agents are the belladonna alkaloids: atropine and hyoscyne (Scopolamine). The latter, sometimes combined with barbiturates, has proved especially effective for preventing motion sickness. But there are drawbacks to the combinations in the form of side reactions—e.g., dizziness, blurring of vision,

drowsiness, and dry mouth. These disabling effects of the belladonna and barbiturate derivatives on pilots and paratroopers in World War II prompted a postwar search for new stomach-quieting agents.

The first such drug to find wide acceptance was dimenhydrinate (Dramamine). This was one of several antihistamines that had been tested on allergy sufferers.

What focused new attention on it was the fact that a certain patient with hives who also suffered from car sickness found herself free of such symptoms during her streetcar rides home from the allergy clinic. Learning of this, doctors then hurried to test dimenhydrinate on soldiers bound for Europe. On the rough ocean crossings, it proved itself a useful antinauseant with notably

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DRUGS FOR THE UPSET STOMACH

fewer side effects than the older drugs.

Its success led to the trial of other antihistamines. Some, such as diphenhydramine (Benadryl),

a close chemical relative of dimenhydrinate, were also effective against motion sickness. Some were not.

Most of the antihistamines

Antiemetics • • • • •

Official or Generic Name

Bucizine HCl
Chlorcyclizine HCl, U.S.P.
Chlorpromazine HCl, U.S.P.
Cyclizine HCl & lactate, N.N.D.

Dimenhydrinate, U.S.P.
Diphenhydramine HCl, U.S.P.
Meclizine HCl, N.N.D.
Perphenazine

Prochlorperazine dimaleate
Promethazine HCl, N.F.
Pheniramine maleate, N.F.
Triflupromazine HCl

Proprietary Name

Vibazine
Di-Paralene, Perazil
Thorazine
Marezine

Dramamine
Benadryl
Bonamine
Trilafon

Compazine
Phenergan
Trimeton
Vesprin

Antispasmodics • • • • •

Atropine sulfate, U.S.P.
Homatropine methylbromide,
U.S.P.
Hyoscyamine hydrobromide &
sulfate, N.F.
Methscopolamine bromide
Scopolamine hydrobromide,
U.S.P.

—————
Mesopin, Novatropine, et al.
—————
Pamine, Lescopine
Hyoscine

that *do* work seem to have a central anticholinergic action.

Among the best, yet mildest, drugs are cyclizine (Marezine) and meclizine (Bonamine). They cause little drowsiness and give long-lasting protection against motion sickness.

The U.S. Air Force has found that a single dose of meclizine keeps most airmen comfortable for twenty-four hours. Meclizine also seems effective against the

nausea and vomiting that occur during pregnancy.

Of course, some doctors say "morning sickness" is psychogenic, so they treat it with tranquilizers and barbiturates. Others say morning sickness in early pregnancy is caused by the presence in the blood at that time of a high level of placental hormones.

These and other toxic metabolites, they think, may stimulate a brain area that's sensitive to

Surface Anesthetics • • • • •

Official or Generic Name	Proprietary Name
Clinocaine HCl	Naucaïne
Dibucaine HCl, U.S.P.	Nupercaine
Ethyl aminobenzoate, N.F.	Benzocaine
Lidocaine HCl, N.N.D.	Xylocaine
Procaine HCl, U.S.P.	Novocain
Procaine isobutyrate	Probutylin

Miscellaneous Antinauseants • •

Sedatives, barbiturates, bromides, et al.	_____
Chlorobutanol, U.S.P.	Chloretone
Chloral hydrate, U.S.P.	_____
Cola extract	"Coke" syrup
Phosphorated carbohydrate solution	Emetrol

DRUGS FOR THE UPSET STOMACH

circulating chemical substances. The theory is that this "chemo-receptor trigger zone" (C.T.Z.) responds to such stimuli by dis-

charging volleys of impulses to the vomiting center. Meclizine may depress the cells in this area, making them less responsive to chemical stimuli.

Irritation of the C.T.Z. by blood-borne chemicals seems to be the cause of vomiting during treatment with such drugs as morphine, meperidine (Demerol) and other pain-killers, digitalis, estrogens, nitrogen mustards, and some antibiotics. By the same token, anesthetics used in surgery may set off postoperative vomiting.

When damaged kidneys fail to filter toxic substances from the blood, these poisons, too, tend to pile up and stimulate the C.T.Z. This fact may account for the pernicious vomiting that accompanies uremia, diabetic acidosis, liver disease, and some types of cancer.

In the treatment of vomiting caused by such circulating toxins, chlorpromazine (Thorazine) is often employed. While better known for its tranquilizing effect on agitated mental patients, this drug also has a specific affinity for cells of the C.T.Z. Somehow—perhaps by competitive blockade—it keeps them from reacting to circulating emetic stimuli.

Carminatives, Stomachics, and Digestants • • • •

Bitter Orange, elixir & tincture, N.F.
Capsicum, oleoresin & tincture, N.F.
Cardamom, spirit & tincture (Comp.), N.F.
Chloroform spirit, N.F.
Gentian, fluidextract & tincture (Comp.), N.F.
Ginger, oleoresin & fluidextract, N.F.
Ox bile extract, N.F.
Pancreatin, N.F.
Peppermint spirit, U.S.P.
(essence of peppermint)
Pepsin, N.F.
Pepsin and rennin elixir, N.F.
(essence of pepsin)
Pepsin elixir compound, N.F.
(lactated pepsin)
Rennin, N.F.
Glutamic acid hydrochloride, N.F.
Hydrochloric acid, diluted, N.F.
Betaine hydrochloride

Chlorpromazine, like some other drugs, has an antiemetic action that's valuable against vomiting of varied etiology. But its side effects include drowsiness, dizziness, mouth dryness, nasal congestion, and—occasionally after prolonged use—even jaundice and blood dyscrasias. When given by injection, it may also send blood pressure plummeting.

Sister compounds, claimed to cause fewer ill effects, include prochlorperazine (Compazine) and perphenazine (Trilafon). Yet overdosage with these compounds *can* occur, and caution is essential whenever they're injected.

In appendicitis, food poisoning, and gallbladder attacks, vomiting is triggered by nerve impulses that pass directly to the vomiting center from irritated receptors in the gastrointestinal mucosa. Chlorpromazine and its relatives protect the vomiting center from such sensory stimuli, perhaps by directly depressing it.

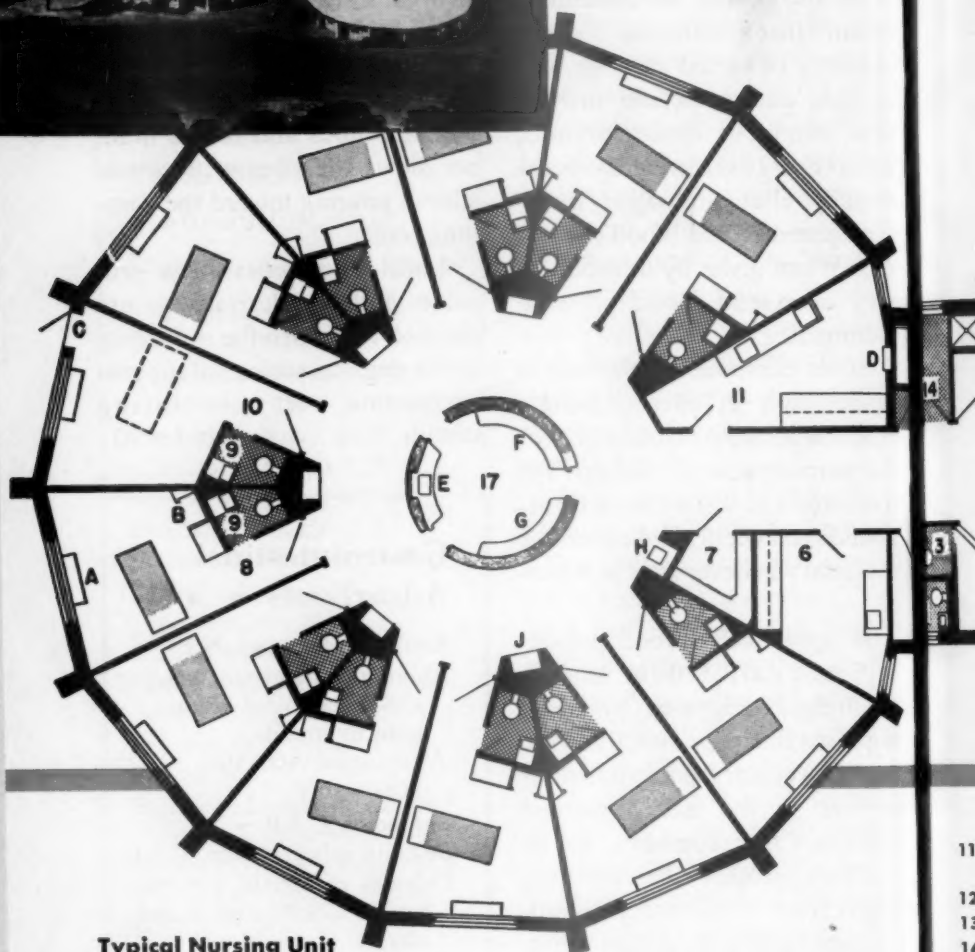
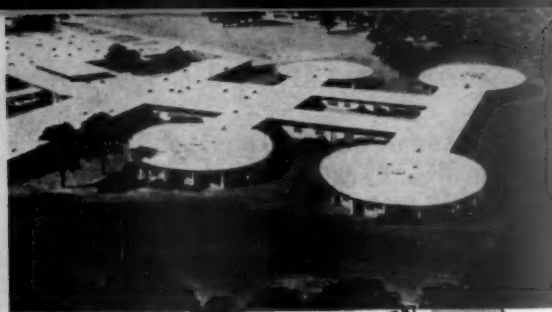
Other types of drugs that act locally to reduce the flow of emetic messages from the irritated intestinal mucosa are the antispasmodics, local anesthetics, carminatives, and adsorbents.

Among the antispasmodics, atropine has a peripheral muscle-relaxing action in addition to its central anticholinergic action. It reduces gastrointestinal motility and secretions and in this manner slows the stream of emetic stimuli pouring toward the vomiting center.

Local anesthetics, like procaine and its derivatives, are claimed to deaden the sensitivity of the mucosal surface of the gastrointestinal tract to irritating stimuli. As a [MORE ON 90]

Gastrointestinal Adsorbents • • •

Activated charcoal, N.F.
Aluminum hydroxide gel,
U.S.P. (colloidal aluminum hydroxide)
Attapulgit, Activated
(Claysorb)
Bentonite, U.S.P.
Bismuth subcarbonate, U.S.I
Calcium carbonate, precipitated, U.S.P. (precipitated chalk)
Chalk, Prepared, N.F.
(drop chalk)
Kaolin, N.F.
Magnesium trisilicate, U.S.P.
Pectin, N.F.



Typical Nursing Unit

1. Special Examining Room
2. Consultation Room
3. Doctors' Toilet
4. Treatment Room
5. Nurses' Toilet
6. Pantry
7. Linen

8. Patient's Bedroom (typical)
 - A. Heating-ventilating-air conditioning Unit
 - B. Dresser-Wardrobe unit
9. Patient's Toilet (typical)
10. Patient's Bedroom (usable as Day Room)
 - C. Emergency Exit

Unusual Hospital Design

Is a Joy to Nurses

For the two dozen nurses who'll staff this new forty-eight-bed hospital in Upton, N. Y., next year, it's a dream come true.

Each of the four identical nursing units is a model of convenience. Its circular design lets any nurse at the central nurses' station see any patient's bed in that unit without taking so much as a single step. In addition, there's audio-visual communication with each patient's room and among the four nurses' stations.

A broad picture window "extends" each room out of doors. And there's year-round air conditioning.

Now under construction, this hospital is part of the new medical-research center of the Brookhaven National Laboratory, which does fundamental research in nuclear physics and is operated under contract with the Atomic Energy Commission.

When completed next year, Brookhaven's hospital will be the first in the world to have its own atomic reactor, which will be used solely for medical research. END



- 11. Utility Room
 - D. Bedpan Sterilizer
- 12. Patients' Bathroom
- 13. Toilet (wheel-chair patients)
- 14. Patients' Shower Room
- 15. Storage Room
- 16. Janitor's Closet
- 17. Nurses Station
 - E. Medicine Section
 - F. Chart Desk
 - G. Clerical Desk
 - H. Drinking Fountain
 - J. Storage Closet (typical)

DID WE ASK YOU ?

For superior cleansing and refreshing effects

Pleasant aroma - no tell-tale medicinal odor

MetaCine is more soothing and refreshing than other douche powders

Thoroughly cleanses - and the clean feeling lasts much longer

I like it better than anything I have ever used



Leaves a cooling clean feeling

Cool, fresh, clean!

Gives a "tingling" feeling of cleanliness

Recently, we asked a representative cross-section of RN's who had used Meta Cine why they preferred it to other douches. As professional women, all recognized the scientific rationale of its judicious formula.

But the great majority (85%) spoke most highly of the esthetic and physiologic superiority of Meta Cine. A few representative comments are reproduced above. May we ask you—if we haven't already—to try Meta Cine, and compare it with any other douche?

If your favorite druggist doesn't happen to have Meta Cine in stock, he can easily order it for you from his wholesale supply house. Meta Cine possesses the physiologically correct pH of 3.5, and contains the mucus digestant, *papain*; *lactose*, to promote growth of desirable Döderlein bacilli; *methyl salicylate*, to stimulate circulation; and *eucalyptol*, *menthol* and *chlorothymol* for their decongestant and aromatic properties.

Meta Cine is supplied in 8-oz. containers. Promoted exclusively to the medical and nursing professions.

BRAYTEN PHARMACEUTICAL COMPANY

Chattanooga 9, Tennessee





Life Cannot Offer More

BY CATHERINE BROOMBAUGH, R.N.

You approach the narrow hospital bed. An old woman, ashen-faced and wrinkled, looks up at you with pleading eyes. She grasps your warm young hand in cold, toil-worn fingers:

"Please, nurse, please . . . help me . . ."

You speak to her gently, understandingly. Her furrowed brow relaxes. She seems to find comfort in your words.

Yet even as you watch, she slips quietly from a troubled world to a peaceful, heavenly reward.

A tear rolls slowly down your cheek . . .

Some days later, you aid in the delivery of twins—fine, healthy boys, normal in every respect.

With a song in your heart, you bathe, weigh, and clothe them. After that, you carry the good news to the anxious father, waiting in the anteroom.

"Two sons!" he exclaims: "God hasn't

LIFE CANNOT OFFER MORE

forgotten us!" Then he tells you that he and his wife have been childless for eleven long years.

Again, tears fill your eyes . . .

There's also that night in the emergency room:

The police drag in a dirty, unshaven drunk, badly beaten up in a brawl. You catch bits of his semicoherent story:

"Wife died twelve years ago when Jim was born . . . Brought him up, did everything for him . . . Young fool caught stealing . . . Sent to reform school . . . Took the heart right out of me . . . Started drinking . . . Don't care now . . ."

Others care, though. During his extended hospitalization, well-dressed friends visit him. So do his former boss, a clergyman, members of Alcoholics Anonymous.

In time, you see him triumphantly leaving the hospital.

"Everybody's been wonderful," he tells you. "I'm getting my old job back. Jim's being paroled. He'll be home next week. We need each other . . ."

No wonder you find yourself choked up all over again . . .

In the children's ward, you marvel at the courage of a 6-year-old. Her left foot has been

amputated above the ankle. Yet how gingerly she scampers about on her crutches! How bravely she talks of "doing everything the other kids do"!

As you kiss her good night, she lets you in on a secret: "When I get my new foot, I'm going to have saddle shoes."

She hugs you tightly and—lest she see you misty-eyed—you hurry away. But you'll never forget this wonderful moment or this sweet-faced child so tragically handicapped for life.

Years later, a neighbor's daughter comes to you for counsel. She's an exceptional youngster—now a high school senior, eagerly planning her future. "What about nursing?" she asks.

Well—what about it? Can you tell her nursing is a glamorous profession? A highly paid profession?

Indeed you cannot. Yet remembering your own past experience, you know how truly wonderful and rewarding it can be. You know, in fact, that only through nursing could you have found such priceless faith in your fellow man—and felt his faith in you.

Than this, life cannot offer more.

END

Essentials of
**CLINICAL
PROCTOLOGY**

Third Edition

MANUEL G. SPIESMAN
and
LEON MALOW



RECOMMENDED

DESITIN[®]
hemorrhoidal
SUPPOSITORIES
with cod liver oil

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*"soothing . . . healing . . .
lubricate the anorectum"
to diminish trauma during
bowel movements.*

*Spiesman, M. G., and
Malow, L.: *Essentials of
Clinical Proctology*, Ed. 3,
New York, Grune &
Stratton, 1957.

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SAFETY
COUNTS...**

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CONDUCTIVE RUBBER IS DEPENDABLE

New Davol formula provides increased efficiency and longer life of C/R operating room accessories:

- Assures uniform, consistent conductivity even after extended use and handling.
- Greater tensile strength plus increased flexibility.
- Can be sterilized repeatedly without loss of conductivity or flexibility.

Anesthesia equipment: contour face inhalers, head straps, rebreathing bags, corrugated inhaler tubes, adapters and inserts also available in conductive rubber. For detailed description of all items, see your hospital supply dealer

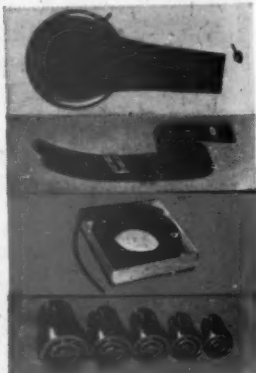
Davol C/R products for use in the operating room:

1. Operating Cushion—Kelly style, reversible, 20" by 44".

2. Restraint Strap—67" long, 2 1/4" wide. Practically indestructible.


3. Tubing—All standard sizes. 50 continuous feet to box.

4. Chair and table tips—Inside diameter: 5/8" to 1 1/2". Special non-skid design.

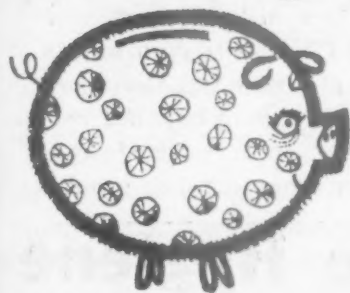


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DAVOL RUBBER COMPANY
PROVIDENCE 2, RHODE ISLAND



How I Budget \$294 a Month



By Ruth Slater, R.N.

Like you (and you and you), I hate figures. Yet I live on a budget and like it—now that I've learned how.

Do I have to pinch pennies to do it? Frankly, yes—on some things. But here's the pay-off:

By economizing on the things I care least about, I have more to spend on what I really want. And that, I've discovered, is what makes budgeting worthwhile.

Before I set up a spending plan for myself, my pay check was just never big enough to make both ends meet. I wasn't trying to save anything; I simply wanted to keep out of debt. Even now, with living costs as high as they are, I can't save very much. I just about manage to break even.

My salary for general duty is \$294 a month, or \$3,528 a year. Out of that, naturally, comes a big bite for Federal and state taxes.

How big? Well, in my case, the total (including Social Security) is \$656 a year. So, after all taxes are accounted for, my \$294 a month shrinks to \$239.

Since most of my taxes are withheld, I base my yearly budget on my actual "take-home" pay. This is simpler and more

HOW I BUDGET \$294 A MONTH

realistic than trying to base the budget on my salary.

Expenses Fluctuate

Why do I budget everything on a yearly basis? Because monthly outgo is so variable. In December, for example, there's Christmas shopping. In July, the big item is my vacation. In March and September, I pay my life insurance premiums.

I estimate how much I'll spend on each item by noting what I spent on it the year before. Naturally I have to do some juggling—especially on such items as

clothing, recreation, and dental bills. On the other hand, I generally know in advance just how much I'll need for such things as rent and insurance.

Actually, a budget is no more than an itemized estimate—a sort of educated guess—of forthcoming expenses.

Take recreation for example: I find it hard to determine in advance how many concerts and movies I'll want to go to in the course of a year and how many books I'll want to buy. But recreation has to be budgeted along with the other items, so I make

New Feminine Hygiene Better than Douching

Now get the germicidal protection of an antiseptic douche—without the bother of douching. And get it immediately . . . for a prolonged period—something no douche can give. Quick and easy, this new feminine hygiene method depends on antiseptic vaginal suppositories, called Zonitors.

Once inserted, Zonitors dissolve gradually, last for hours, are ready to work instantly. They guard against—destroy odors completely, too.

Doctor's Discovery—Hospital Proved!

Hospital tests proved Zonitors unusually effective, yet safe and non-irritating. Greaseless, stainless, individually packed.



For trial supply and information folder
send name and address to: Dept. RN-9,
Dunbar Labs., Wayne, N. J.

CLINICAL PROOF

RIASOL

CLEARPSORIASIS

Thousands of physicians report the same experience in the treatment of severe cases of psoriasis with **RIASOL**®:

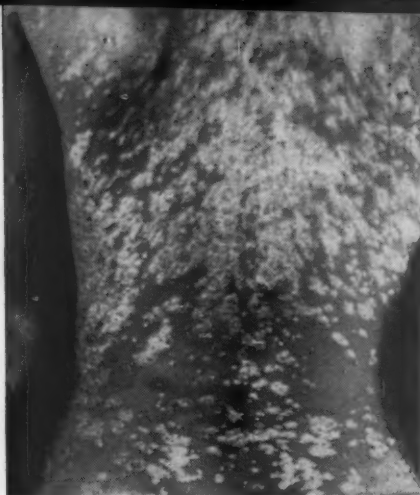
- (1) Itching is relieved immediately.
- (2) The scales begin to disappear in a few days.
- (3) The red skin patches begin to fade in a week or two.
- (4) Few recurrences when treatment is continued.
- (5) No reported adverse effects.

These results are impressive when compared with the slow progress of psoriasis under ineffective treatment.

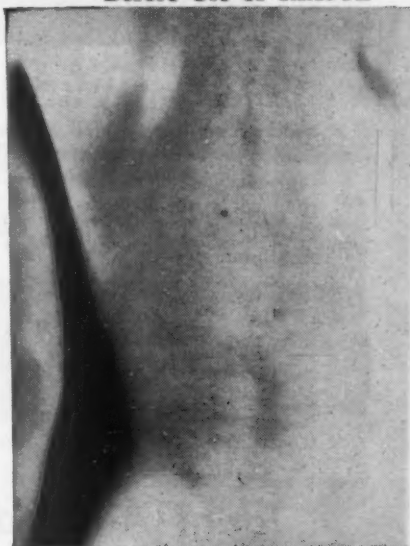
RIASOL is a skin alterative containing mercury 0.45%, chemically combined with soaps, phenol 0.5% and cresol 0.75%. A thin film is applied every night and rubbed in gently, after bathing and drying the skin. No bandages needed.

Supplied in 4 and 8 fld. oz. bottles at pharmacies or direct.

*T. M. Reg. U. S. Pat. Off.



Before Use of **RIASOL**



After Use of **RIASOL**

MAIL COUPON TODAY FOR CLINICAL PACKAGE



SHIELD LABORATORIES

12850 Mansfield Ave., Detroit 27, Mich.

Please print name
and address plainly.
Not sent without
Reg. No.

RN

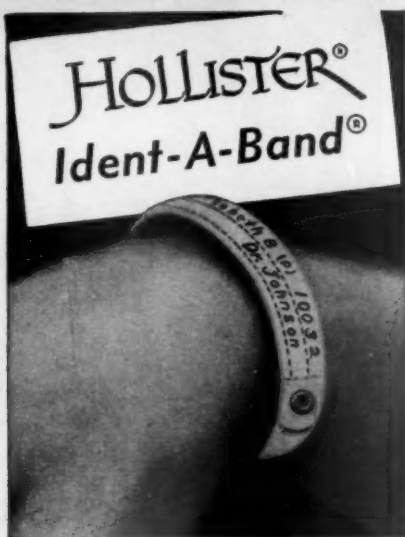
Please send me professional literature and generous clinical package of **RIASOL**.

..... R.N. Reg. No.

Street

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RIASOL FOR PSORIASIS



It's sealed on . . .

and locks securely. In fact, the band cannot be removed or the identifying data on the insert card be changed without completely destroying the Ident-A-Band itself! Absolutely tamper-proof.

It's skin soft . . .

Won't stretch and can't break. Made of special Vinylite, reinforced with DuPont Mylar for strength. Measure the wrist with the band itself so that it is "custom-fit." Water-proof . . . skin soft.

Ident-A-Band®
prevents mixups



BUDGETING

the best guess I can. If I later overspend on recreation, I cut down on something else—new clothes, maybe.

Bear in mind that there's no such thing as a model budget that will work equally well for all of us. Even though your income and mine may be identical, your outgo will be higher than mine on some items and lower on others.

If, for example, you live in Chicago or Philadelphia or Los Angeles, you'll probably have to allow more for rent than I do, living in a city of medium size. On the other hand, if you take a bus to work instead of driving, as I do, you probably won't need to budget quite so much for transportation.

Not for All Nurses

So please don't get the idea that my budget (as I've given it in actual figures here) is an "ideal" one for a general duty nurse. I cite it merely as an example of a spending program tailor-made to fit the circumstances of one nurse—me.

My circumstances are these: I live at home with my mother in a small rented house. She's a widow with a modest income of her own. I pay 60 per cent of the rent (which includes heat and

BUDGETING

water). We split the grocery bill fifty-fifty—just as we do the bills for electricity, gas, telephone, cleaning, supplies, etc.)

I have my lunches at the hospital and my other meals at home. As a rule, I buy most of the household replacements, such as linen and cooking utensils. But if we need a new chair or a rug, either of us may buy it, or we may share the cost.

That's about it. My other expenses are strictly personal; that

► AMUSING . . .

► AMAZING . . .

► EMBARRASSING . . .

► INTERESTING . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your work as a nurse.

Why not share the story with other R.N.s?

If it's accepted for publication, you'll receive \$15-\$25.

Contributions must be previously unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, RN,
Oradell, N.J.

Prevent and Treat Perianal Dermatitis Successfully

DIAPARENE® PERI-ANAL® has proved highly effective in the prevention and control of perianal dermatitis because it:

1. Prevents perianal dermatitis caused by transitional stools of the newborn.¹
2. Prevents erythema, desquamation and ulceration of perianal area which commonly occurs from diarrhea and loose stools following oral antibiotic therapy.¹
3. Stimulates epithelization and promotes rapid healing.
4. Protects denuded perianal area from secondary bacterial infections.



ACTIVE INGREDIENTS: Methylbenzethonium chloride, zinc oxide, starch, cod liver oil and casein in a water repellent base.

Supplied: 1 oz. and 2 oz. tubes, and 1 lb. jars.

SPECIAL FOR HOSPITALS—½ oz. individual bassinet tubes . . . saves time, economical, guards against cross infection.

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1. Grossman, L.: Archives of Pediatrics, 71:173-179, June 1954.

ANOTHER FINE PEDIATRIC SPECIALTY BY BREON

RN • SEPTEMBER 1958 75



Her mother might help, but
**SHE'D RATHER TALK TO YOU
 ABOUT PIMPLES**

Only two people easily available to the adolescent can offer advice with assurance that it will be gratefully accepted. One is the mother and the other is the nurse in school, doctor's office, or elsewhere. Actually, the nurse, because of her professional stature and knowledge, can help where a parent often fails.

There is now a clinically-proven medication for pimples which you can recommend with confidence . . . CLEARASIL Medication. In skin specialists' tests on over 300 patients, 9 out of every 10 cases were cleared up or definitely improved while using CLEARASIL (either lotion or tube). Many nurses recommend it, as a survey of readers of this magazine showed . . . CLEARASIL was recommended 2 to 1 over any other product for pimples.

CLEARASIL combines sulphur and resorcinol in a new, scientific, oil-absorbing

base. It works with a gentle, penetrating, drying action. And it's antiseptic to stop bacteria that can cause pimples. Skin-colored, too . . . hides pimples while it works.

CLEARASIL is guaranteed to help clear skin fast or money back. 69¢ and 98¢ at all drug counters. For free, professional sample of CLEARASIL and copy of clinical report, write EASTCO, INC., Box 9-RNH, White Plains, New York.

**NEW! Smooth, soothing
 CLEARASIL Lotion Medication**
 . . . only \$1.25 (no fed. tax)



HOW I BUDGET \$294 A MONTH

is, they wouldn't change much unless I changed my circumstances completely—say, by getting married or by moving to

some other part of the country. Then, obviously, I'd need to devise an entirely different kind of budget.

END

My Budget for 1958

ACTUAL INCOME	Annual Total	Monthly Average	% of Total Expenses
Before taxes	\$3,528	\$294.00	—
After taxes	2,872	239.33	—
ESTIMATED EXPENSES			
Food (groceries, lunches at hospital, restaurant meals)	660	55.00	22.9%
Rent (includes heat)	468	39.00	16.3
Household (electricity, gas, phone, supplies, cleaning, etc.)	150	12.50	5.2
Home furnishings (linen, utensils, other replacements)	120	10.00	4.2
Clothing (includes uniforms, shoes, dry cleaning, etc.)	316	26.33	11.0
Auto (gas, oil, repairs, insurance, depreciation, tires, license, parking fees, etc.)	420	35.00	14.6
Medical, dental, hospital expense	115	9.58	4.1
Recreation (includes vacation costs, reading matter, incidentals)	280	23.34	9.9
Personal care	108	9.00	3.7
Gifts, contributions, dues	125	10.42	4.3
Life insurance	110	9.16	3.8
TOTAL	\$2,872	\$239.33	100.0%

PROGRESSIVE PATIENT CARE

[CONTINUED FROM 42] Even with fewer nurses, the concentration of skill and equipment in the S.C.U. makes saving of lives almost routine. Ann Gilbert, R.N., charge nurse, tells of one patient:

"A 400-pound weight had fallen on his chest, collapsing a lung and bruising the pericardium. Ten minutes after he was admitted to Special Care, he had a tracheotomy done, an I.V. going, oxygen started, and a portable chest plate taken."

Every possible type of needed equipment—whether for routine bedside care or emergency treatment—is at hand. As a result, the nurse and aide remain in their five-bed area. They have constant visual supervision of patients (even when doing their detailed charting, which includes records of individual intake and output and blood-pressure readings at least every two hours).

Becelia Smith, an R.N. who cares for five of the critically ill, says a typical group of her patients might include two postoperative adults, one child (asthmatic croup), one coronary occlusion, and a mildly disturbed psychiatric patient.

Terminal patients don't neces-

sarily go to the S.C.U. As Mrs. Smith points out, a terminal cancer case wouldn't be there, but a patient dying from a coronary occlusion would.

When a patient has passed the critical stage, usually within twelve to forty-eight hours, he's transferred to the Intermediate Care Unit.

Intermediate Care Unit

The I.C.U. accommodates 97 patients in one-, two-, and four-bed rooms. The ratio is one R.N. and one aide to every eight patients. There you will find routine pre-ops and those who are moderately ill.

These patients may require dressing changes, frequent TPR checks, I.M. or I.V. medications, partial bed rest. They are the ones who, Mrs. Dormer points out, "would get little care from the R.N. on a regular service if a critically ill patient were also on the floor."

When the patient is able to take complete care of himself, he's moved to the Self-Service Unit.

Self-Service Unit

At Manchester, the S.S.U. is located across the street in

THE 1958 RN AWARDS



A NEW CONTEST FOR NURSES INTERESTED IN WRITING

\$100..... *for the best original article written by a nurse and found acceptable for publication.*

\$100-25... *for all other original articles written by nurses and found acceptable for publication.*

Up to \$10. *for original article ideas submitted by nurses and found suitable for development by RN's staff.*

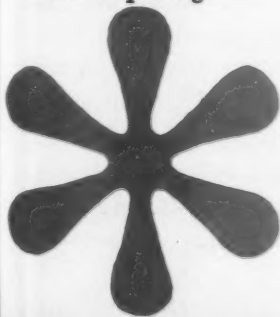
■ RN believes that a nurse is the best judge of what interests other nurses. So we're encouraging you to distill something valuable out of *your* experience and put it in writing for the benefit of your colleagues everywhere. Your contribution can be either an article or an article idea. You may submit as many as you wish.

■ Your *article* will have the best chance of winning if it's (a) not more than 1,500 words long; (b) filled with examples, anecdotes, and cases in point drawn from actual experience; and (c) limited to *just one aspect* of any broad subject, whether it be clinical, human interest, economics, technical, or personal.

■ Your *article idea* will have the best chance of winning if it's (a) between 100 and 300 words long; (b) specific rather than general; and (c) detailed enough so that our editors will understand *exactly* the point you have in mind.

■ Entries should be addressed to Awards Editor, RN, Oradell, N.J. Manuscripts should be typed, triple-spaced on one side of the paper only, and accompanied by a self-addressed envelope and return postage.

Closing date for entries in the 1958 RN Awards contest has been extended to December 31, 1958, due to the great number of requests received from nurse-writers who were unable to meet the original June 30 deadline.





for Your Patients!

How often do you hear patients say: "My lips are so dry!" And how easy it is to apply the soothing comfort of 'CHAP STICK.' This handy little bedside companion is specially medicated for "hospital lips." *It's the first antiseptic lip balm.* You'll be surprised how much your patients will welcome the relief that 'CHAP STICK' brings—how thankful they'll be to you for suggesting it. Use it on *your own lips*, when they're chapped or cracked by wind and weather.

FREE PROFESSIONAL SAMPLES

Mail this ad *with your name and address printed in margin to:*

Chap Stick Co. Lynchburg, Va.

**Turns up
in a jiffy**



KEEPS LIPS FIT

PROGRESSIVE CARE

Crowell House, a homelike building with single and double rooms, its own kitchen, and a pleasant living room for visiting and TV viewing.

Mrs. Dormer describes this unit as a "bridge for the patient between hospital and home, or vice versa."

One nurse, with a maid on the day shift only, looks after the unit's eleven patients, but Mrs. Dormer feels that in a new unit now under construction this number can probably be raised to sixteen.

What They're There For

Patients on Self-Service are, as a rule, having diagnostic tests or getting instruction in self-care before returning home. Sometimes a mildly disturbed post-treatment psychiatric patient is assigned to the unit for a few days so that he may be helped to adjust to life in a group before he's discharged.

Dorothy Anderson, charge nurse, says twenty-three years' experience have taught her that convalescing patients and those fearful of the results of diagnostic work-ups need individual attention and emotional support. These patients wear street clothes, make their own beds, and often do breakfast dishes. **MORE▶**

FOR DYSMENORRHEA

NURSES FIND

Prolar-B

...DRAMATICALLY EFFECTIVE
FOR PAINFUL MENSTRUATION



- the potentiated, non-narcotic analgesic with belladonna alkaloids.
- a sedative-antispasmodic.
- an anti-depressant.
- more rapid and better tolerated.
- low in cost for patients.

Each tablet contains:

Butabarbital	0.5 gr.
d-Amphetamine Sulfate	5.0 mg.
Acetylsalicylic Acid	2.5 gr.
Salicylamide	2.5 gr.
Acetaminophen	2.5 gr.
(N-Acetyl-p-Aminophenol)	
Hyoscyamine Sulfate	0.1384 mg.
Atropine Sulfate	0.0258 mg.
Hyoscine Hydrobromide	0.0086 mg.

SUGGESTED DOSAGE:

One tablet three
times daily
or as indicated.

DESCRIPTION:

Light green,
uncoated, scored
tablet.

SUPPLIED:

Bottles of
100 tablets at
all pharmacies.

Sold on prescription only. Consult your doctor.
Ask your doctor to request a free trial supply of PROLAR-B.

THE STUART COMPANY, PASADENA, CALIFORNIA
Please send a free trial supply of PROLAR-B

TO: _____
(Doctor)

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FOR: _____
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BASIC to BARDEX for *perfected* performance



TIP	Not too short, not too long. Just right to ease insertion, not so long as to irritate bladder.
EYE	Properly placed and sized in strong, reinforced tip. Design that assures entirely proper drainage.
RIBS	To assure even distention of balloon—extra reinforcing rubber that also strengthens balloon. Tip held in proper position, too.
SHAFT	Smooth, round, with large lumen. Still another factor that means easy insertion, maximum drainage, and a minimum of patient discomfort.
PLUG	Easily punctured, self-sealing and always secure. Of specially compounded crepe latex, with long ridged side-walls, and cemented in inflation tube.
SIZE	Permanently shown by color patch. Identity not lost in autoclaving

There is a difference . . . and just such "basics" as these tell you why "the standard of excellence" has long been BARDEX.

Of vital importance to hospital and patient is your specification of BARDEX, for dependable catheter performance.

BARDEX® FOLEY CATHETERS

More widely used throughout the world . . .
than all other brands combined.

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STERILE

in the durable, **easy-to-open package**
that affords guaranteed protection . . .

ready for instant use without processing or autoclaving

PROGRESSIVE PATIENT CARE

Breakfast is prepared in the Crowell House kitchen. But patients take other meals in the hospital cafeteria, under Mrs. Anderson's eagle eye. She makes

sure everyone gets what the doctor ordered. Part of her job is to encourage poor eaters and to console frustrated ones, such as ulcer cases.

MORE ►

NURSES ON WHEELS



► Being confined to a wheel chair doesn't deter either of the R.N.s shown here. Charge Nurse Marian Groen (left), paralyzed by bulbar polio in 1953, runs a twenty-five-bed children's communicable disease ward at New York University-Bellevue Medical Center in Manhattan. Miss Groen set up this ward herself some years ago. Rosina Magee (right), a paraplegic since 1954, is a staff nurse at the Veterans Administration's domiciliary center in Martinsburg, W.Va. There, where the ramps and wide doorways are as helpful to her as they are to her patients, she does rehabilitation work as a health instructor.

A typical patient in this unit is the woman who was upset when her diagnosis showed diabetes but who made a fine adjustment after Mrs. Anderson trained her to give her own insulin injections and the dietician worked out her caloric intake and helped her choose foods in the cafeteria.

They Prep Themselves

Nursing duties are lightened by the practice of having patients being prepped for a G.I. series give their own enemas. "They would do it at home," Mrs. Anderson comments, adding that this practice makes it unnecessary to have an extra R.N. on night duty.

Now let's take an over-all look at Manchester's P.P.C. plan:

Glowing letters from ex-patients testify that they appreciate getting concentrated bedside care when they need it. They don't pay for unneeded nursing care. And their generally shorter hospital stay means a further saving.

The American Medical Association compared the costs for an uncomplicated appendectomy under the old system and under the new. They found that while patients got seven and a half days' treatment in a general hos-

pital under the old hit-or-miss routine for \$229.20, they needed only six and a half days' hospitalization under P.P.C. at a cost of \$183.88.

Nurses Like It

What about the nurse in all this? Recent patients at Manchester Memorial report the morale of nurses and aides as tops. Mrs. Smith in S.C.U. sums it up: "I'm happier about my nursing than I've ever been before."

Such a program is especially satisfying to R.N.s who want to give intensive bedside care in the S.C.U. (They get a 10 per cent salary increase as well.) P.P.C. also appeals to the R.N. who wants to give patients the benefit of uninterrupted nursing care in the I.C.U. and to the R.N. who prefers to supervise and instruct in the Self-Service Unit.

Management likes it too. Edward J. Thoms, Manchester Memorial's administrator, prophesies "terrific growth" of the idea in the next three years. A staff M.D. adds: "We'll never go back to the old system."

Besides getting fuller utilization of its nursing staff, the hospital saves money by concentrating high-priced equipment where

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for routine office instrumentation, to ease the pain of minor surgical procedures, removal of sutures, proctological examination.

for sunburn, cuts, minor burns, to stop the sting and make the patient more comfortable (especially the little ones)

for a variety of skin irritations (such as insect bites), to stop the itching and soothe inflamed and swollen surfaces.

for hemorrhoids, to insure continuous patient comfort during palliative treatment. Nupercainal Suppositories, also available, provide the same effective relief of pain as the Ointment while allowing greater convenience and accuracy of dosage for patients outside the office.

8/2903MK

the gentlest doctors in town use Nupercainal[®] OINTMENT

(dibucaine CIBA)

fast-acting, long-lasting topical anesthesia

OINTMENT, 1% in lanolin and petrolatum base; 1-ounce tubes with rectal applicator and 1-pound jars for office use. CREAM, 0.5% in water-washable base; 1-ounce tubes. LOTION, 0.5% in water-washable base; 80-ml. plastic squeeze bottles. SUPPOSITORIES, each containing 2.5 mg. Nupercaine[®] (dibucaine CIBA) base; boxes of 12.

C I B A
SUMMIT, N. J.

PROGRESSIVE PATIENT CARE

it's needed. One example: A hospital spokesman says it costs less to furnish a complete hotel-type room in the Self-Service Unit than to buy a single hospital bed.

There are shortcomings, of course, though fortunately minor:

Frequent moves of patients from one unit to another may result in the R.N. being a buffer between a frustrated record office and an unhappy patient. P.P.C. also means that a nurse who likes private duty may have to accept a staff job as the need for private duty shrinks. Mrs. Dormer says that six of the nurses in the Manchester S.C.U. were former "specials."

If the country's 7,000 hospitals switch to progressive patient care, here are some possibilities that you, the R.N., may want to consider:

Are the days of the private duty nurse numbered? One outspoken hospital administrator says they are. He predicts that

the R.N.'s special training will be used primarily for bedside care in the S.C.U. and for supervision in the other units. He adds that the patient who so wishes can have the services of a "private duty aide."

How will this system affect nursing schools where patients are segregated by service for teaching purposes? Will this perhaps mean that the large hospital schools will set up their own S.C. and I.C. units on each service?

Finally, will progressive patient care answer the so-called nurse shortage? Does "not enough R.N.s" really mean "not proper use of R.N.s"? Does more efficient use of R.N.s actually mean more efficient use of your time and talents?

If so, will less pressure make it possible for you to do a better job when you're on duty and give you more freedom to relax with your family or friends on your precious days off? END

GLAUCOMA, SILENT THIEF OF SIGHT

[CONTINUED FROM 39] manner of instillation.

Rules for the instillation of the drops, as given to patients by Dr. James Lebensohn, leading

Chicago ophthalmologist are: Assume a reclining position, look at the dropper, and squeeze the drop directly on the cornea, not on the lower eyelid. Press

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THESE TWO MUST WORK TOGETHER

X marks the buccal pouch, the area between the lower molar teeth and the inside of the cheek.

Patients need to understand that VARIDASE is not taken like an ordinary tablet ... it does not work properly if chewed or swallowed.

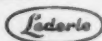
Taken correctly, VARIDASE Buccal Tablets provide a valuable new way to reduce inflammation and swelling, relieve pain, speed normal recovery in both body injury and localized infection.

Be sure to show them how to place the tablet in the buccal pouch and advise them to swallow no more saliva than necessary while it dissolves.

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Pearl River, New York
*Reg. U. S. Pat. Off.



'NEWSHENS!'

That's what Time magazine calls the women who gather news and serve as news correspondents. Presumably the younger ones are "news-chicks."

Whatever they're called, correspondents with a nose for real news are vital to any periodical that publishes news. *RN* is no exception. It has a number of valued news contributors and would be glad to hear from more.

This, then, is an invitation to share any nursing news you hear with your 170,000 fellow nurses across the country who subscribe to *RN*. You can make a little spending money at the same time.

News submitted should be of significance to nurses everywhere. *RN* can *not* use items of purely local interest, such as capping ceremonies, staff appointments, and marriages.

No news items can be acknowledged. But for any accepted you'll receive prompt payment.

Items used are usually under 100 words. You're invited to send as many as you like (each on a separate sheet). Address: News Editor, *RN*, Oradell, N. J.

GLAUCOMA

gently on the lacrimal duct to keep the precious drops from escaping into nose and throat.

You may want to warn the patient that the use of miotics constricts the iris, permitting less light to enter the eye.

When the patient is to have surgery, he may need psychological preparation. Miss Hannah Rinck, EENT supervisor at New York City's Lenox Hill Hospital, finds that if the nurse explains the treatment, gives encouragement, and is within call, the anxious and excitable patient will feel better about undergoing an eye operation.

Following surgery, the patient must be warned not to press his eyelids tightly together. This squeezing of the eye may cause the anterior chamber to collapse.

When the glaucoma patient leaves the hospital or clinic, these specific suggestions from you can help him to keep down the tension in his eye:

¶ Watch fluid intake. Increased volume of body fluids means increased eye tension.

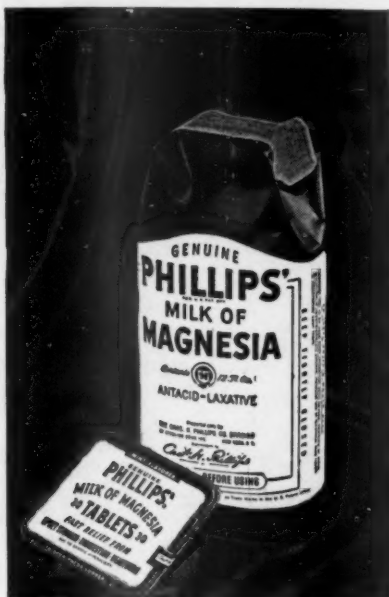
¶ Avoid excessive movie and TV viewing. The pupil dilates in a darkened room and aqueous outflow is obstructed.

¶ Don't wear dark glasses.

¶ Keep collars and scarves loose.

MORE ►

An Ideal Antacid-Laxative



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In every field there are a very few products whose quality and demonstrated dependability over many years give them a position of pre-eminence over all others. It is this dependability which inspires confidence and universal acceptance of Phillips' Milk of Magnesia. Known and recommended throughout the world for over 75 years.

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RN · SEPTEMBER 1958 87

GLAUCOMA, SILENT THIEF OF SIGHT

¶ Avoid emotional upsets. (The nurse may ask the patient's family to cooperate with him on this point.)

Case-finding and treatment are direct services you can perform for glaucoma sufferers. But because you are a nurse you may even use your professional influence to help your community detect and treat this disease.

The National Society for the Prevention of Blindness realizes the magnitude of the glaucoma threat. It has worked with local health agencies, medical associations, and civic groups to sponsor screening projects in such states as California, Tennessee, Connecticut, New York, and New Jersey.

These local drives, sometimes referred to as G Days, start with an all-out, one-week publicity campaign directed particularly to the over-40 age group. It in-

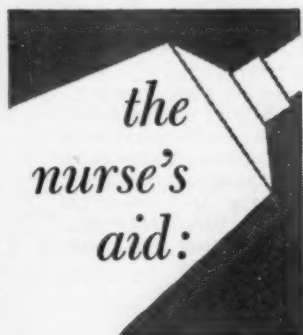
cludes heavy newspaper coverage, announcements in church bulletins, letters to welfare clients, supermarket fliers, spot TV and radio announcements, talks by ophthalmologists.

On the final day, visual and tension tests are given at a centrally located building. There is an accurate follow-up of suspected and confirmed cases.

Of the persons tested, from 1½ to 7 per cent (varying with the locality) have been found to have previously unsuspected glaucoma and referred for treatment.

Whether you contribute your knowledge and skill as an individual or as a member of a community group, your contribution is important. What could be more rewarding than to know that you've had a part in preserving someone's priceless possession—sight?

END



TASHAN® CREAM Roche

Your patients will love you when you apply Tashan to relieve "sheet burn," dry scaly skin, excoriation, diaper rash, minor skin fissures and many other common skin complaints. Tashan contains vitamins A, D, E and d-panthenol in a non-sensitizing, cosmetically pleasing, absorptive base. Soothing, healing — not sticky or greasy. Available for personal or patient use without prescription.

In 1-oz tubes and 1-lb jars.

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THE SHEER ALL-NYLON STOCKING* THAT SUPPORTS WITHOUT RUBBER!

Here is the wonderful support stocking ideally suited for your leg-wearying daily routine. Fashionably sheer Supp-hose lifts and soothes tired leg muscles, gives gentle support all day long. Yet Supp-hose contains no rubber!

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One pair of Supp-hose should give you

five times the wear of ordinary nylons. It's easy to care for... looks and washes like any other fashion stocking. Try a pair—see how good your legs look, and feel! Available in proportioned hosiery sizes in white and fashion shades.

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BOOKLET
THAT TELLS
ALL ABOUT
SUPP-HOSE**

DRUGS FOR THE UPSET STOMACH

[CONTINUED FROM 61] result, fewer vomiting messages pass up to the brain stem.

Carminatives are usually aromatic substances such as peppermint, ginger, cloves, and cardamom in dilute alcoholic solution. They act by increasing intestinal motility. This forces the gas up from the stomach or down through the intestine, thus relieving colicky pains.

How Adsorbents Work

Kaolin, pectin, and similar adsorbents and demulcents coat the irritated intestinal mucosa. Thus they soothe and protect it, and cut down the number of impulses traveling toward the vomiting center. The large surface area of these claylike substances also traps toxins, bacteria, and other irritants and helps remove them from the gastrointestinal tract. Such adsorbents are often com-

bined with opiate antispasmodics (e.g., paregoric) in diarrhea mixtures.

Direct Action

Recently even antibiotics such as streptomycin and neomycin have been used for gastrointestinal distress. They're said to wipe out invading pathogens and to get directly at the cause of the upset.

Unfortunately such direct action isn't always possible; and the best we can do may be simply to relieve symptoms. But even that is well worthwhile.

We can be grateful that the new antiemetic drugs help control nausea and vomiting, no matter what its cause. This makes them a real weapon, both against simple, self-limiting stomach upsets and against the persistent vomiting of more serious systemic illnesses.

END



In a Bedside Manner of Speaking... **Keep on Your Toes with NōDōz**

When you're feeling drowsy on an important case but have to stay awake, keep on your toes with NoDoz. Handy NoDoz tablets help restore your normal alertness. Safe as coffee, but much more convenient.

NōDōz®

CARING FOR THE BURN VICTIM

[CONTINUED FROM 35] If the gauze is too heavily impregnated, exudate from the wound can't pass through it to be absorbed by the bulk of the dressing, so it simply accumulates as a convenient medium for bacteria.

The bulky layer of the dressing is made of fluffed or washed gauze covered with abdominal pads. Cotton elastic bandage, stockinette, or a conforming bandage (roller gauze treated with concentrated sodium hydroxide to make it semi-elastic) holds the dressing in place.

A Splint May Be Needed

If a splint is used for further immobilization, it's secured with adhesive tape. On the tape, either you or the doctor should write the date and time of the dressing.

The patient with an occlusive dressing will return to the O.R.

regularly for dressing changes. The patient treated by the exposure method will probably not come back until time to prepare him for skin grafting.

A Stryker frame is indispensable for good burn nursing. The patient can be moved onto one right from the O.R. table and kept on it through his convalescence. This eliminates the need for stretchers and saves a lot of lifting and moving.

The frame also will facilitate placing the burn victim in good position: trunk and hips in anatomical alignment, legs straight, feet flat against a footboard, neck extended, angle at elbows not exceeding 140 degrees, thumbs abducted as far as possible without stretching the web space.

Severely burned patients require private duty nurses for a period of forty-eight hours to two weeks.

MORE ►

AMAZING RELIEF *for* DRY, ITCHING SKIN *the Common Torment of Older Folks*

Rich in lanolin, Resinol Ointment lubricates oil-thirsty skin as the Resinol medicants relieve itching. Thus it is invaluable for older folks suffering from persistent itching and irritation due to loss of natural skin oil. Besides its special help to aged skin sufferers, Resinol quickly soothes discomfort of chafing, chapping, dry eczema, minor burns, simple rash . . . Try it!

To gently cleanse tender skin, use pure, lightly medicated Resinol Soap.

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1/4 ounce and
3 1/4 ounce jars

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when
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(plant, allergic,
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the **first** and **only** topical therapy
to contain pantothenylol
(analog of pantothenic acid)

quickly relieves pain and itching
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Soothing, bland, non-sensitizing
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In 2 oz. and 1 lb. jars,
and 1 oz. tubes.



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THE BURN VICTIM

If you're the bedside nurse, care of this patient will demand your best technical skills. You, too, must help create an environment of confidence. A lot of these patients tend to withdraw or become hostile. One of your jobs is to make them realize that they're still needed and wanted.

Burn patients are often too scared to ask questions about the length of their hospital stay and the possibility of crippling and disfigurement. Sometimes, showing them before-and-after pictures of severe burns does a lot to restore their hope.

After the first two or three weeks, they're better off on a ward than in a private room, especially if there are other convalescing burn victims nearby.

Pain or Tension?

Another important requirement in burn nursing is the prevention of narcotic addiction. Burn patients tend to complain of constant pain when they're really experiencing tension.

Don't underestimate this tension, though. Your patient needs relief from it every bit as much as from pain. It's just that the medication is different.

When his pain is real (as during dressing changes and excision of dead tissue and for twenty-



At any age

they welcome Ovaltine for extra nourishment

From pediatrics to geriatrics Ovaltine provides a rich source of the vitamins, minerals and other essential food elements required for the maintenance of a good nutritional state.

Ovaltine is a nourishing, well-tolerated beverage combining natural blandness with good taste. It produces a soothing and relaxing effect for the tense and nervous patient, particularly when taken at bedtime.



It is ideal for use where stimulating beverages should be avoided...ideal as nutritional fortification for patients on bland diets...or to help maintain a satisfactory nutritional level during physiologic stress.

Three servings of Ovaltine and milk provide:

12 Vitamins

*Vitamin A.....	4000 I.U.
*Vitamin D.....	420 I.U.
*Ascorbic acid.....	37.0 mg.
*Thiamine.....	1.2 mg.
*Riboflavin.....	2.0 mg.
Pyridoxine.....	0.5 mg.
Vitamin B ₁₂	5.0 mcg.
Pantothenic acid.....	3.0 mg.
*Niacin.....	10.0 mg.
Folic acid.....	0.05 mg.
Choline.....	200 mg.
Biotin.....	0.03 mg.

13 Minerals

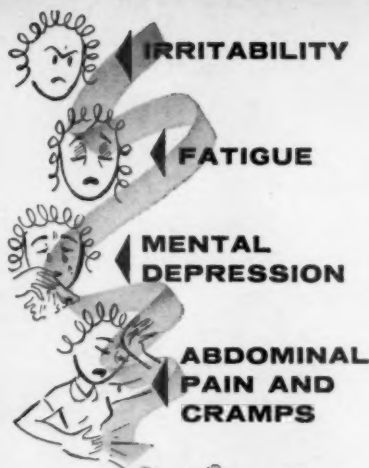
including Calcium, Phosphorus, Iron and Iodine	
CARBOHYDRATE.....	65 Gm.
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*Nutrients for which daily dietary allowances are recom- mended by the National Re- search Council.	

A jar of Ovaltine will be sent for your personal use on request.

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*These conditions respond to HVC (Hayden's Viburnum Compound), prescribed by physicians for over ninety years as a sedative and smooth muscle relaxant. Symptomatic relief is both prompt and prolonged.



Contains viburnum opulus, discolor, prickly ash berries, aromatics and sufficient alcohol to release the resins in the crude drugs.

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Please send my sample to:

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(1) Ferguson, J. H., *Archivos Medicos de Cuba*, 7:189 (July-Nov.) 1956

RN · SEPTEMBER 1958

THE BURN VICTIM

four hours after skin grafting), he needs narcotics. When he's suffering from anxiety, sedation will do. The doctor usually prescribes both.

Physical Therapy

As soon as a burn wound has healed, the patient's physical rehabilitation should begin. It may be hard to encourage this pitifully helpless person to "do it yourself." But this is essential if you would prevent crippling deformity and convince him he'll be a useful citizen again.

While the patient is still in bed, he can perform simple exercises such as squeezing a rubber ball, contracting his quadriceps muscles, moving burned hands around in a pan of warm water. When he's out of bed, you and the doctor can plan still more activity for him.

Your encouragement and guidance can make all the difference in the world to the patient in helping him face such limitations as his burns may have imposed on him. His very future depends on his ability to adapt.

Some remarkable progress has been made in burn therapy in the last twenty years. We can't point yet to a sharp reduction in the mortality rate. But we can point to decreased crippling and dis-

THE BURN VICTIM

figurement as well as greatly improved morale and longer survival time.

As patients suffering from this complex and debilitating type of injury return in increasing numbers to normal health, the nursing profession may take pride in the fact that no small part of this progress is due to their skill and enthusiasm.

END

Later issues of RN will include discussion of the techniques of fluid replacement and skin grafting, and the nursing care they entail.—Ed.

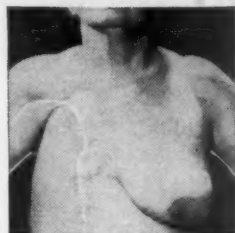
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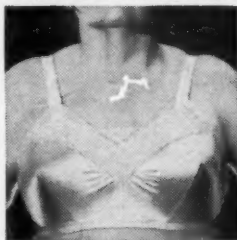
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[CONTINUED FROM 28] Association by University of California investigators, are based on air-flow studies conducted at a modern sixteen-story institution, the Herbert C. Moffitt Hospital, San Francisco.

The investigators found up to 600 staphylococci per cubic foot in the air of the laundry chute, up to 100 in that of the refuse chute. Laundry-chute lint was also heavily contaminated, they add, and most of the germs were penicillin-resistant.

The study team recommends that hospitals discontinue the practice of putting bedclothing of infected patients, as well as surgical dressings, swabs, and similar refuse, into chutes. Also stressed is the need for an improved chute design.

M.D. Sees More Salt Needed in Pregnancy

Pregnant women need more salt in their diet, concludes Dr. Margaret Robinson of Derby, England, after reviewing more than 2,000 maternity cases. Her findings, summed up in *The Lancet*, show that extra sodium chloride, taken throughout pregnancy, halves the risk of perinatal death, hemorrhage, and toxemia.

Dr. Robinson also finds that daily dosage of four heaping teaspoons of salt is an effective remedy for early toxemia. To avoid

nausea and vomiting, rock salt is preferable to table salt, she says; and the treatment should be continued up to the time of delivery.

Bovine Skin Used in Dressing Burns

Promising results in the use of bovine embryo skin as a temporary dressing for burns are reported by Navy scientists.

Preliminary studies, they say, indicate that the new technique:

¶ Produces no unfavorable allergic reaction.

¶ Causes little or no contraction or scarring of the healed skin.

¶ Minimizes nursing and medical vigilance, since the dressing can be left in place for about eight days (its usual survival time).

The dressing appears to stimulate tissue growth and to enhance wound healing, the scientists report. They add that the animal substance is available in almost unlimited quantity.

No Charge, No Value?

Would the average layman seek preventive medical care if the cost barrier were lifted?

It's often assumed that he would. But Baltimore's experience challenges that idea:

Some 7,000 persons aged 17 and over were invited to a screening clinic, reports Dr. Matthew Taysback, an assistant health commissioner. The clinic, centrally located

Introducing **EZON** T. M.
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A superior new non-inflammatory glove powder
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Seamless—the world's foremost maker of surgical rubber gloves—announces a new, biologically absorbable dusting powder.

EZON has been specifically developed to improve on all present surgical glove powders. Specially formulated from micropulverized, uniformly modified starch to provide superior lubrication, **EZON** minimizes foreign body reactions and thus, the danger of adhesions.

EZON is the new, preferred dusting powder for conditioning all surgical gloves. It is especially recommended for Brown Milled, 'Crest' and 'Limber-Latex' Surgeons' Gloves by Seamless—gloves that are *first* in hospital specification because they are *first* in performance. For samples, write Dept. E on your hospital stationery.

SUPPLIED: EZON Dusting Powder—in packets of 1½ grams, 288 per dispenser carton, and in five-pound bulk cans.

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NEWS

ed, offered examinations free of charge at convenient hours, and provided transportation when needed.

The result? "After persistent follow-ups, including telephone calls and home visits, 2,024—or only 29 per cent—finally were seen."

Facial Pain Called the Most Agonizing

"Perhaps the most agonizing of all afflictions" is how Dr. George W. Smith of Augusta, Ga., describes facial pain. In a report to the American Medical Association he gives two reasons for thinking this:

(1) The head has the "highest

degree" of nervous development. (2) People are more aware of the head and face; so they worry more about painful sensations there.

Because people vary so much in the way they respond to facial pain, it's hard to evaluate, diagnose, and treat, says Dr. Smith. Pinpointing the pain, he adds, is made doubly difficult by the many overlapping nerves in the facial area.

'Hot' Appendix Is Shown by X-Ray

When symptoms don't quite add up to acute appendicitis, doctors should check abdominal X-rays for distention of the cecum (cecal il-

Just what the doctor ordered

In the treatment of chronic constipation, often complicated by biliary stasis and impaired digestion, many of your doctors prescribe Caroid and Bile Salts Tablets with Phenolphthalein. They know that it is formulated to provide needed corrective therapy by its 3-way action:

1. Choleric — stimulates the flow of bile.
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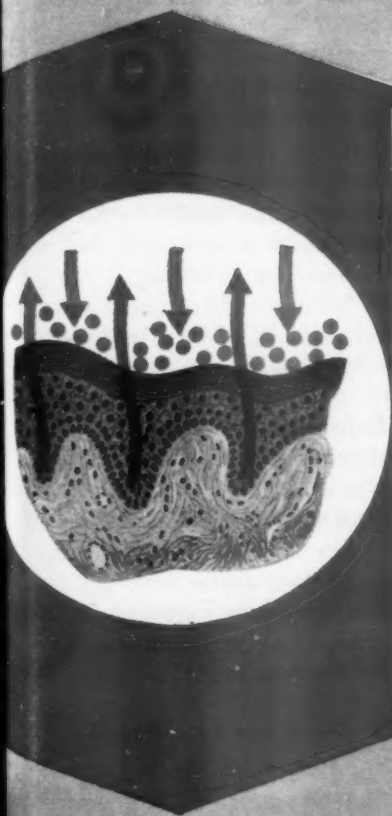
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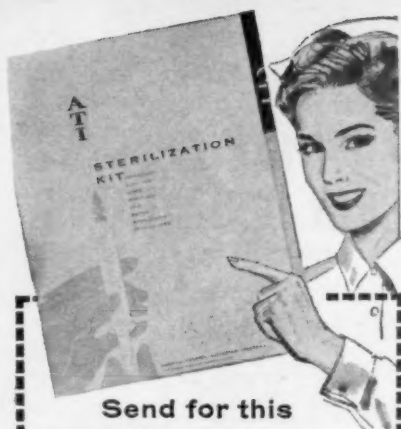
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NEWS

eus), say Drs. Lester M. May, Francis E. O'Neill, and S. W. Allen of San Antonio, Tex. They find that the cecal ileus gives strong evidence of acute appendicitis.

Site of Insulin Action Found

Until recently no one knew just where insulin acts in the human body.

Now a radioisotope test, developed by Drs. Edward D. Freis and Harold W. Schnaper of the Veterans Administration, confirms earlier findings in animal research. It shows that insulin works locally on muscle cells, raising their consumption of blood sugar.

Scientists will reportedly use the test to study diabetes and new diabetic drugs.

Infant mortality in the U. S. has shown a rate drop of about 20 per cent since 1947, about 50 per cent since 1937, life insurance industry figures show. An all-time low—26.1 infant deaths for every 1,000 live births—was established in 1956. The comparative figure for 1957: 26.3.

Instructions That Smile, For Patients

"A merry heart doeth good like a medicine," says the Book of Proverbs; and at Chicago's Louis A. Weiss Memorial Hospital they believe it doeth good in medical treatments also.

The hospital has prepared a series of gaily colored cards, featur-

NEWS

May, ing humorous drawings, catchy headlines, and easy-to-understand instructions that tell the patient what's up and what to expect in his individual case.

"Your doctor wants a portrait of your gallbladder," says a typical card. "We want it to look pretty . . . so follow these instructions."

It goes on: "After supper you will be treated to 'The Parade of Pills.' You take them every five minutes . . . They make your gallbladder show up in an X-ray."

Equally informal and specific are the instructions for basal metabolism and blood tests, diets, operations, and other common procedures.

Supplies of each kind of card are kept at the nurses' stations. Following receipt of medical orders, the nurse selects the proper card, fills in the patient's name and room number, and delivers it the afternoon before the scheduled procedure.

The plan is said to be working well—especially among patients who pay attention to the final warning: ". . . And no fair cheating!"

Automation in the O.R.

Those staggering piles of instruments that have to be washed after surgery now come clean in minutes, reports Malcolm P. Ferguson, president of Bendix Aviation Corporation. How? By ultrasonic waves—vibrating 18,000 times per second. These water-agitating



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waves, he says, scrub instrument sixteen times faster than they can be scrubbed by hand.

At least a dozen hospitals are now said to be washing their instruments by the ultrasonic-wave method.

Use of radioisotopes—especially of cobalt 60—has increased so much in the past three years, says the Atomic Energy Commission, that licensed users in the health field have multiplied from roughly 750 to 1,900.

'Farmer's lung'—a peculiar chronic pneumonia that's unlike other types—has been traced to exposure to mold-contaminated forage dust, reports a pulmonary research team at the University of Wisconsin. Cortisone provides temporary first-stage relief; but the only known method of preventing recurrence is to wear a dust mask when working near stored forage.

Mumps Vaccine: How Effective Is It?

If you're susceptible to mumps, there's only a fifty-fifty chance that vaccination will keep you from getting the disease, say Drs. Hans G. Griebel and George Gee Jackson in GP.

They point out, though, that vaccine (1) modifies the illness; (2) cuts down the incidence of orchitis; and (3) may protect susceptible contacts, for the antibodies to fight infection can be devel-

NEWS

oped during mumps' long incubation period.

Despite this protection, the doctors don't advise vaccination of children unless there are very unusual circumstances. They also stress that immunization lasts no more than two years, so vaccination has to be repeated annually for optimum protection.

New drugs: American pharmaceutical companies are introducing about 400 prescription items a year, says Paul de Haen, a consultant to the industry. Most are compounded products or variants under new brand names, but one in every ten is brand-new.

Artificial ears may help the deaf to hear through their skin, predicts Harvard's Dr. Georg von Bekesy. In tests he has made, persons have "heard" sound waves through a tubular device strapped to their arms.

Bone-Marrow Shots Combat Radiation

So far, there's no antidote for an overdose of radiation. Doctors can't stave off anemia, infections, or other disorders caused by excessive radiation depression of the bone marrow's ability to produce blood.

But help may be in sight. Dr. Nathaniel B. Kurnick and co-workers of the University of California at Los Angeles reports that in two cancer patients bone mar-

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row was removed before radiation, frozen, stored, then injected back into the blood stream, resulting in quick blood recovery.

Say New Antidepressant Has Few Side Effects

Psychiatrists are reporting success with a class of new drugs called "psychic energizers." These medicines reportedly give a lift to depressed patients, make difficult children more manageable, brighten dulled oldsters.

Unlike the tranquilizers, which calm agitated patients, the new agents are said to *increase* mental alertness while overcoming fatigue.

One of these drugs, deanol

(marketed as Deaner) is claimed to have few side effects.

It started when pharmacologists at Georgia's Emory University injected acetylcholine in animals to study its role in brain function. The hormone increased impulse transmission between nerve endings and muscle fibers. But behavior didn't change much. Apparently the chemical wasn't getting through the blood-brain barrier (the membranes between the blood and nerve tissues). So the scientists decided to see if the brain could build its own acetylcholine.

When they fed daily doses of dimethylaminoethanol (DMAE), an acetylcholine building-block, to

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young rats, the animals became more active. Medical students and Atlanta penitentiary inmates volunteered to take the drug. At first no one reported any difference between DMAE and placebos. But after a few weeks, students claimed they could concentrate better and needed less sleep, and prisoners became more amenable.

Deanol is a derivative of DMAE. And both mildly depressed patients and chronic schizophrenics are said to improve after taking it. One advantage claimed for it over some other anti-depressants, is that it doesn't cause irritability and insomnia. Discontinuing the drug reportedly causes little letdown.

The question of how DMAE acts isn't yet settled. If it really lets acetylcholine pile up in the brain, the clue could be valuable for further advances in psychopharmacology.

Parents and Children First, Please

A child can take disaster in stride if at least one parent is present; otherwise, the youngster may suffer psychologically, report Drs. Paul Friedman and Louis Linn in the American Journal of Psychiatry. Their belief is based on first-hand study: Both were aboard the Ile de France when it rescued passengers from the ill-fated Andrea Doria.

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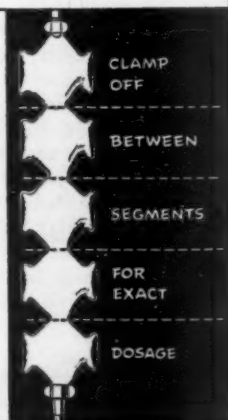
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RN positions

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ANESTHESIA COURSE: The Memorial Hospital, Danville, Va., offers an 18 mos. Course in Anesthesia for registered nurses. All fundamentals and techniques taught. Complete maintenance and stipend pd for entire course. Approved by the AANA and G.I. approval. Resumes accepted in April and October. For information write: Miss Virginia L. DeMaio, R.N.A., Director, School of Anesthesia, Memorial Hospital, Danville, Va.

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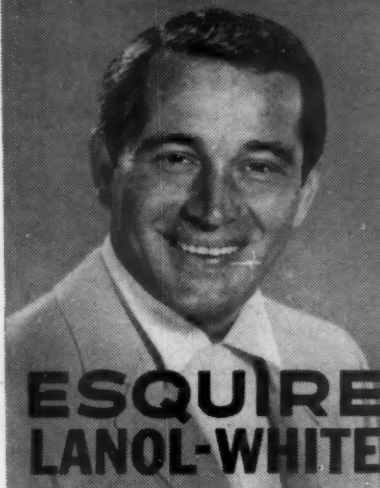
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Why chewing-gum antacid is so effective against Heartburn of Pregnancy

by Kitty McKay Leith, R. N.



Whenever new mothers and mothers-to-be get together, the conversation sooner or later gets around to heartburn, for it is one of the most common and persistent causes of discomfort during pregnancy.

Since the day, centuries ago, when the Swiss physician Paracelsus von Enchenheim prescribed powdered pearls to relieve this complaint, many remedies have been developed—powders, liquids, tablets and, probably most unusual of all, even an antacid in convenient, good-tasting chewing gum.

Recently, to compare the merits of existing antacids now available, a group of doctors and scientists conducted an extensive series of experiments. Since it is impossible to test an antacid in the stomach with any degree of dependable accuracy, the tests were done *in vitro* (the laboratory term for "in glass") under a close simulation of actual stomach conditions.

A number of identical glass containers were filled with equal amounts of artificially made gastric juice, which was maintained at body temperature and stirred continuously. To this "juice" the antacids were added, in a way that duplicated the recommended dosage. At timed intervals, part of the mixture was removed and replaced with fresh "juice" to simulate emptying of the stomach and continued se-

cretion of gastric juice as it occurs in nature.

Changes in the acidity of the mixture were checked throughout the tests.

The tests proved conclusively that the antacid in chewing-gum form (Chooz®) was the most effective of all. It not only neutralized excess acid fast, but also maintained it at the desired acid-alkaline balance at least six times longer than any of the other leading antacids included in the tests.

In explaining the impressive results obtained with Chooz, the researchers give credit to two things—1, the effective medicines it contains, and 2, its unique chewing-gum form.

Tablets, they point out, usually go into the digestive tract in partly chewed chunks, soothing only part of the stomach. Powders and liquids enter the stomach all at once and are also often inconvenient to take just when they are most needed.

On the other hand, chewing carries the Chooz medication into the stomach continuously, in ready-to-act solution with saliva, itself a natural digestant. Thus it not only starts its soothing acid-neutralizing action instantly in all parts of the stomach, but continues to reach it in a gentle, steady flow to give far longer-lasting relief.

Through special arrangement, R.N. readers may obtain a trial supply of Chooz, free. Just send name and address to the author of this article: Kitty McKay Leith, R.N., P.O. Box 37K, Kenilworth, N.J.

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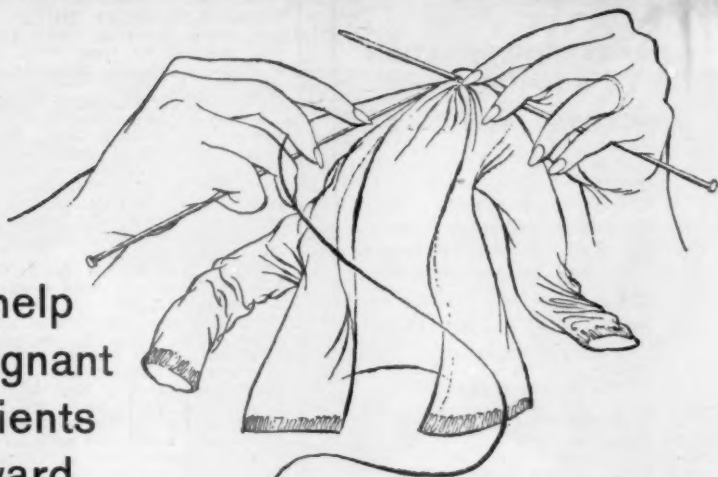
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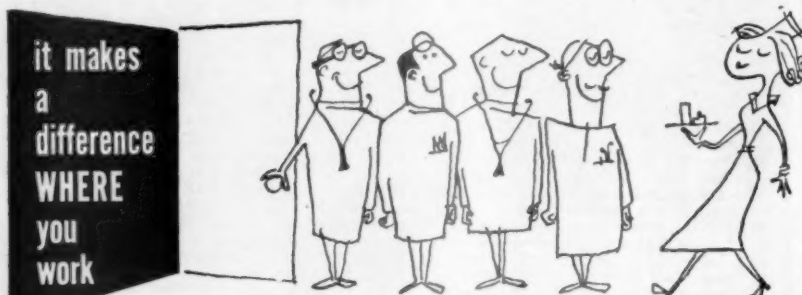
Additional Listings

Space permits listing the following advertisements in this issue, although they were received after closing date.

ANESTHESIA COURSE: St. Francis Hospital School of Anesthesia, with a background of 28 years experience, offers to graduates accredited Schools of Nursing, an 18 month course in Anesthesia. AANA accredited, proved under G.I. Bill of Rights. Stipend offered throughout course. Classes begin Oct 1 and April 1. Write: Sister M. Catherine OSF, CRNA, Director, School of Anesthesia, St. Francis Hospital, Peoria 4, Ill.

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Write or wire collect Miss Helen Louise Harrison, Director of Nursing Service, 1800 E. 105 St., Cleveland 6, Ohio

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A continuation of these studies in-
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now...
pediatric size
 (2¼ Fluid Ounces)



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**Especially designed for
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(1) Way, W. G., French, J. D., Forbes, J. C. and Sutton, L. E., *Virginia M. Month.* 85:291, 1958.

Samples supplied on request



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 Lynchburg, Virginia

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Pyridoxine (B ₆)	1 mg.	Iron (as Fumarate)	30 mg.	Molybdenum (as Na ₂ MoO ₄ ·2H ₂ O)	0.025 mg.
Niacinamide	10 mg.	Intrinsic Factor	5 mg.	Zinc (as ZnO)	0.085 mg.
Riboflavin (B ₂)	2 mg.	Fluorine (as CaF ₂)	0.015 mg.	Calcium Carbonate	575 mg.
Vitamin B ₁₂	2 mcgm.	Copper (as CuO)	0.15 mg.		
Ascorbic Acid (C)	50 mg.	Iodine (as KI)	0.01 mg.		

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